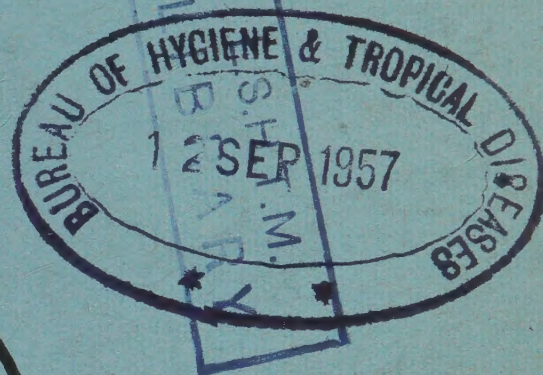


AS
Dr. Allen Daley
C.W.

NORTHERN IRELAND
TUBERCULOSIS AUTHORITY



C

ELEVENTH
ANNUAL REPORT

YEAR ENDED
31st DAY OF DECEMBER, 1956

NORTHERN IRELAND
TUBERCULOSIS AUTHORITY



ELEVENTH
ANNUAL REPORT

YEAR ENDED
31st DAY OF DECEMBER, 1956

*Presented to the Ministry of Health and Local Government
in accordance with Section 5 of the Public Health
(Tuberculosis) Act (Northern Ireland) 1946*

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NORTHERN IRELAND TUBERCULOSIS AUTHORITY

Telephone 27871 (4 lines)

27 Adelaide Street,
Belfast,

30th August, 1957.

The Rt. Hon. J. L. O. Andrews, M.P.,
Minister of Health and Local Government,
Stormont, Belfast.

Dear Mr. Minister,

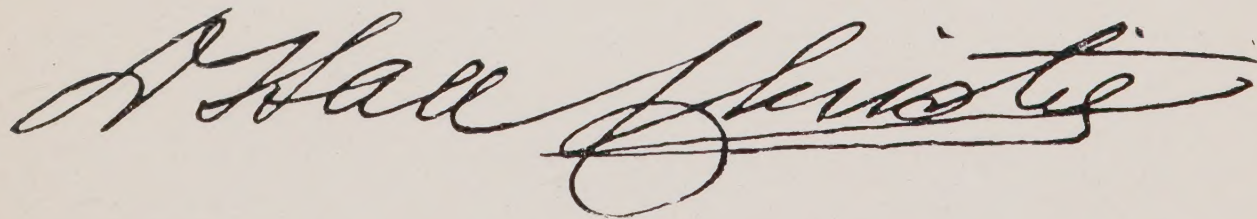
It is my privilege to present to you the Annual Report of the Authority in respect of the year ended 31st December, 1956.

In so doing I should like to place on record the grateful thanks of the Members to the Rt. Hon. Dame Dehra Parker, D.B.E., M.P., for her valued assistance, encouragement and guidance during her years of office as Minister. The Members have asked me to convey to you their congratulations and good wishes on your appointment as her successor and it is their confident hope that under your capable and wise leadership the health services in the Province will continue to develop.

Once again the Authority expresses its appreciation of the continued helpful assistance given by the Officers of your Ministry during the year.

With respect, I remain,

Yours sincerely,

A handwritten signature in dark ink, reading "Alan Christie". The signature is written in a cursive style with a large, sweeping initial 'A' and a long, horizontal flourish extending to the right.

Chairman

Northern Ireland Tuberculosis Authority

Established and Incorporated under the
Public Health (Tuberculosis) Act (Northern Ireland) 1946

MEMBERS OF AUTHORITY

Mr. D. HALL CHRISTIE, C.B.E., D.L.
(Chairman)

Alderman A. SCOTT, J.P.
(Vice-Chairman)

Professor F. M. B. ALLEN, M.D., F.R.C.P.

Councillor Miss I. M. E. McALERY

Professor J. H. BIGGART, C.B.E., D.Sc., M.D.,
F.R.C.P.

Mr. J. A. McGLADE, J.P.

Mr. R. J. BROWN, J.P.

Mr. F. J. McKINLEY

Dr. J. C. DAVISON, B.Sc.

Mr. W. MAWHINNEY, J.P.

Mrs. J. L. FINLAY, J.P.

Mr. A. MILLAR, O.B.E.

Councillor Major W. D. GEDDIS, J.P.

Alderman Sir SAMUEL ORR, J.P.

Mr. W. H. HURST, M.A.

Mr. R. S. SPROULE, J.P.

Mr. J. N. LAMONT

Mr. T. STEEN

Councillor Miss D. S. WILLIAMSON, J.P.

—:O:—

Secretary:

WILLIAM HARVEY, B.Sc. (Econ.), A.S.A.A., A.C.I.S., F.H.A.

—:O:—

HEADQUARTERS
27 ADELAIDE STREET,
BELFAST

Northern Ireland
Joint Tuberculosis Care and After-Care Committee
(N.I.T.A.—N.A.P.T.)

Chairman:

ANDREW MILLAR, O.B.E.

Vice-Chairman:

ISAAC STEWART, J.P., F.C.I.S.

Members:

Miss M. T. McALEESE, B.Com.Sc.; Councillor Miss DOROTHY WILLIAMSON, J.P.

Officers:

Miss ANNE BROWN, S.R.N., S.C.M.
(Superintendent Health Visitor N.I.T.A.)

Capt. W. J. LONG
(Secretary, N.A.P.T.)

STATISTICAL SUMMARY 1956

Population of Northern Ireland as estimated by the Registrar-General at 30th June, 1956	.....	.....	.....	.....	1,396,600
Number of deaths from respiratory tuberculosis	.....	.....	.....	.....	147
Number of deaths from non-respiratory tuberculosis	.....	.....	.....	.....	17
Total number of deaths from tuberculosis (all forms)	.....	.....	.....	.....	164
Death rate from respiratory tuberculosis per 100,000 of the population	.....	.....	.....	.....	10·52
Death rate from non-respiratory tuberculosis per 100,000 of the population	.....	.....	.....	.....	1·22
Number of new cases of respiratory tuberculosis notified	.....	.....	.....	.....	1,110
Number of new cases of non-respiratory tuberculosis notified	.....	.....	.....	.....	197
Total number of new cases notified	.....	.....	.....	.....	1,307
Morbidity rate per 100,000 of the population from tuberculosis (all forms)	.....	.....	.....	.....	94
Number of known cases of tuberculosis at 31st December, 1956	.....	.....	.....	.....	14,626
Total number of hospital beds	.....	.....	.....	.....	1,552
Total number of clinic attendances	.....	.....	.....	.....	71,512
Number of X-ray examinations carried out by Mass Radiography Service (Static Unit)	.....	.....	.....	.....	41,373
Number of X-ray examinations carried out by Mass Radiography Service (Mobile Unit No. 1)	.....	.....	.....	.....	36,627
Number of X-ray examinations carried out by Mass Radiography Service (Mobile Unit No. 2)	46,459
Number of persons vaccinated with BCG	32,669

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SECTION A

Northern Ireland Tuberculosis Authority

Formation

The Authority was established by the Public Health (Tuberculosis) Act (Northern Ireland), 1946, as a public authority with perpetual succession and a common seal. It was set up for the purpose of securing, in co-operation with sanitary and other local authorities, the prevention and more effective treatment of tuberculosis and kindred diseases.

Constitution

The Authority is constituted of seventeen nominated and two co-opted members. Of the former, four are nominated by the Minister of Health and Local Government, and thirteen by the several County and County Borough Councils on the following basis:—

County Borough of Belfast	.....	.....	4 members
County Borough of Londonderry	.....	.....	1 member
Counties of Antrim and Down	.....	.....	2 members each
Counties of Armagh, Fermanagh, Londonderry and Tyrone	.....	.....	1 member each

Duties

Section 2 of the Public Health (Tuberculosis) Act (Northern Ireland), 1946, enacts that it shall be the duty of the Authority to make provision for:—

- (a) The accommodation and treatment of persons suffering from tuberculosis, including their general care, their care, and if necessary their maintenance during treatment, their care after treatment, and in co-operation with any government department or other body, their industrial rehabilitation ;
- (b) The discovery of cases of tuberculosis ;
- (c) The prevention of tuberculosis ;
- (d) The giving of advice to and the education of the public and of sufferers from tuberculosis with respect to the best means of preventing and treating the disease ;
- (e) The institution of courses of instruction with regard to tuberculosis for medical students, doctors, nurses and other persons engaged in employment relating to public health duties, or the co-operation with and encouragement of other bodies in the provision of such courses ;
- (f) The performance of any function transferred to or vested in it under or by virtue of this Act ; and
- (g) The performance of any incidental function necessary for the making of any such provision as aforesaid.

Medical Staff

No. 1 AREA (population 700,608)

(Comprising the Union Districts of Antrim, Belfast, Ballymena, Larne and Newtownards)

Sub-Division A

Consultant Chest Physician	.....	D. W. Wallace, M.D., D.P.H.
Chest Physicians	.....	Margaret E. Dunn, M.D., D.P.H.
		T. R. V. Irwin, M.B., D.P.H.

Sub-Division B

Consultant Chest Physician	.....	J. Norris Whyte, M.D., D.P.H.
Chest Physicians	.....	T. C. T. McFetridge, M.D.
		R. A. N. McMath, M.D., D.P.H.
Assistant Chest Physician	.....	Frances M. Ramsay, M.D., D.P.H.

Sub-Division C

Consultant Chest Physician	.....	B. R. Clarke, M.C., M.D.
Chest Physicians	.....	C. F. Campbell, M.D., D.P.H.
		Audrey E. Lavelle, M.B.
Principal Registrar	.....	G. G. Dallas, M.D.

Whiteabbey Hospital

Senior Medical Officer	.....	P. Steen, M.D., D.P.H.
Principal Registrar	.....	F. D. Honneyman, M.D., M.R.C.P.I.
Assistant Chest Physician	.....	L. Thompson, M.B., B.Ch., D.C.H.

No. 2 AREA (population 308,737)

(Comprising the Counties of Armagh and Down together with the Urban and Rural Districts of Lisburn, less the Union District of Newtownards, the Rural District of Castlereagh and the Urban District of Holywood)

Consultant Chest Physician	.....	S. L. W. Erskine, M.D., D.P.H.
Chest Physicians	.....	A. McQuiston, M.B., D.P.H.
		F. M. J. McFerran, L.R.C.S.I., L.R.C.P.I., L.M.
		R. F. Stronge, M.D.

Musgrave Park Hospital (Tuberculosis Section)

Senior Medical Officer	.....	Agnes J. A. Maybin, M.D.
Assistant Chest Physicians	.....	F. C. Coyne, M.D., D.P.H., D.C.H.
		Sophia E. Kernohan, M.B.

No. 3 AREA (population 164,303)

(Comprising the Counties of Tyrone and Fermanagh, excluding the Union District of Strabane)

Consultant Chest Physician	.....	E. F. James, M.D., M.R.C.P.I.
Chest Physician	.....	W. T. Warmington, M.D.
Assistant Chest Physician	.....	W. A. Young, M.B.

No. 4 AREA (population 222,952)

(Comprising the County and County Borough of Londonderry together with the Union Districts of Ballycastle, Ballymoney and Strabane)

Consultant Chest Physician	.....	J. H. Moffett, O.B.E., M.D., D.P.H.
Chest Physicians	.....	C. T. B. Adams, M.B., D.P.H.
		A. W. Dickie, M.D., D.C.H. (part-time)
Principal Registrar	.....	E. W. Knox, M.B., M.R.C.P.I.
Assistant Chest Physician	.....	P. G. Linden, M.B.

MASS RADIOGRAPHY SERVICE

Medical Director	.....	J. Ritchie, L.R.C.S.I., L.R.C.P.I., L.M.
Medical Director of Mobile Unit No. 1		A. D. M. Hamilton, M.B., D.P.H.
Medical Director of Mobile Unit No. 2		N. J. Anderson, B.A., M.B.

PATHOLOGICAL SERVICE

Consultant Pathologist and Bacteriologist	Lilian V. Reilly, B.Sc., M.D., D.P.H.
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THE ORTHOPAEDIC HOSPITAL, GREENISLAND

Orthopaedic Surgeons (part-time)	G. W. Baker, F.R.C.S.
		B. T. Crymble, F.R.C.S.
Assistant Physician	.....	J. D. Morrow, M.B.

CRAWFORDSBURN HOSPITAL

Assistant Physician	Sheila V. Balmer, M.B.
---------------------	-------	------------------------

BCG VACCINATION SERVICE

Medical Director	.....	H. G. Calwell, B.A., M.D., D.T.M. & H. (Eng.)
Vaccinators	.....	R. Linton, B.Sc., M.B.
		Mary E. Elder, M.B.
		A. W. Dickie, M.D., D.C.H. (part-time)

VISITING CONSULTANT STAFF

Whiteabbey Hospital

Thoracic Surgeons	.....	T. B. Smiley, M.C., F.R.C.S.
		H. M. Stevenson, F.R.C.S.
Anaesthetists	.....	J. E. Reid, F.F.A.R.C.S.
		W. R. Gilmore, F.F.A.R.C.S.
Ear, Nose and Throat Specialist	.....	Kennedy Hunter, F.R.C.S.

Londonderry Chest Hospital

Ear, Nose and Throat Specialist	S. E. Bolton, M.B.
---------------------------------	-------	--------------------

Crawfordsburn Hospital

Ear, Nose and Throat Specialist	H. Aitken, F.R.C.S.
---------------------------------	-------	---------------------

VISITING DENTAL SURGEONS

Whiteabbey Hospital	.....	.....	M. T. Ferguson, L.D.S.
Londonderry Chest Hospital	.....	.....	Olive Gordon, L.D.S.
Dungannon Chest Hospital	.....	.....	T. E. Alexander, M.D.S.
Crawfordsburn Hospital	.....	.....	N. R. Elwis, B.D.S.
The Orthopaedic Hospital	.....	.....	S. S. Barnett, L.D.S.

HOSPITAL MATRONS

Armagh Chest Hospital	.....	.....	Miss M. A. McCrea, S.R.N., S.C.M.
Crawfordsburn Hospital	.....	.....	Miss A. Porter, S.R.N., S.C.M.
Downpatrick Chest Hospital	.....	.....	Miss M. Martin, S.R.N., C.M.B.
Dungannon Chest Hospital	.....	.....	Miss A. Ferguson, S.R.N., S.C.M.
Killadeas Hospital	.....	.....	Miss V. G. King, S.R.N., S.C.M., T.A.
The Orthopaedic Hospital	.....	.....	Miss D. Melville, M.B.E., S.R.N., S.R.C.N., M.S.R.
Londonderry Chest Hospital	.....	.....	Miss D. Hill, S.R.N., S.C.M., R.F.N.
Whiteabbey Hospital	.....	.....	Miss D. A. Paton, S.R.N., S.C.M., M.D.T.

AREA CHIEF EXECUTIVE OFFICERS

No. 1 Area (Hospital Service)	.....	.....	C. R. Duff, B.Com.Sc., A.R.I.P.H.H.
No. 1 Area (Clinic Services)	.....	.....	A. D. Cuthbertson, F.C.I.S.
No. 2 Area	.....	.....	T. A. Parkhill
No. 3 Area	.....	.....	A. R. Lynch
No. 4 Area	.....	.....	R. McKay, B.Sc. (Econ.)

HEADQUARTERS ADMINISTRATIVE STAFF

Assistant Secretary	.....	.....	A. J. Gowdy, B.Com.Sc.
Accountant	.....	.....	J. Magee, A.S.A.A.
Purchasing Officer	.....	.....	R. C. E. Woods, M.P.O.A.
Administrative Officer	.....	.....	W. R. Kelly, M.I.H., A.H.A.
Maintenance Surveyor	.....	.....	S. B. Hamilton.
Superintendent Health Visitor	.....	.....	Miss A. Brown, S.R.N., S.C.M., H.V. Cert., Q.I.D.N.

SECTION B

Northern Ireland Tuberculosis Authority

ELEVENTH ANNUAL REPORT

ALTERATIONS IN MEMBERSHIP

The Authority regrets to record the resignation of Councillor Sir James Norritt, D.L., J.P., LL.D., F.C.I.S., and Mr. R. A. Linton, J.P., and desires to express its appreciation of the valuable contribution made by both these Members to the Authority's work during their term of office.

The casual vacancies so created were filled by Councillor Miss I. M. E. McAleery and Mr. W. Mawhinney, J.P., respectively.

MEETINGS OF THE AUTHORITY AND STANDING COMMITTEES

The undernoted Meetings of the Authority and Standing Committees were held during the year:—

Authority	13
Finance Committee	14
Welfare Committee	11
General Purposes Committee	12

The Hospital Visiting Committees met regularly at the Chest Hospitals in their respective areas. The total number of meetings held during the year was 30.

The Committee appointed to advise the Authority on matters relating to medical policy met on 9 occasions and resulting therefrom a number of recommendations was submitted for the Authority's consideration.

HOSPITAL SERVICE

The decline in the demand for beds, especially outside the Belfast and Londonderry areas, has caused the Authority to review its policy in relation to bed provision. Arising from this review, the Authority has decided that when Waringfield Chest Hospital becomes available for the reception of patients, the Chest Hospitals at Armagh and Downpatrick should be handed over to the Northern Ireland Hospitals Authority for the accommodation of other types of cases. A proposal has also been approved to vacate a number of beds at the Musgrave Park and Belfast City Hospitals as soon as practicable.

The most important hospital development scheme completed during the year was the new theatre suite at Whiteabbey Hospital, which was officially opened by the Minister of Health and Local Government (Dame Dehra Parker, D.B.E., M.P.) on 8th June, 1956.

As a further step in the comprehensive scheme designed to improve the existing accommodation at Whiteabbey Hospital, the work involved in the alteration and improvement of Ward 6 and the modernisation of the main kitchen was put in hand during the year. This work, which is being under-

taken by the hospital maintenance staff, is progressing satisfactorily and is expected to be completed in the early months of 1957. The preliminary plans prepared by Mr. C. R. M. Wood (Architect) for the renovation and alteration of the main hospital block at an estimated cost of £44,000, were submitted to and approved by the Ministry of Health and Local Government and the Authority hopes to be in a position to place the contracts for this scheme in the Spring or early Summer of next year.

The contract works for the installation of the centralised heating system and the erection of a new boiler house at Londonderry Chest Hospital are now virtually completed and the major portion of the heating and hot water services at the hospital are now supplied from the system. Contracts for the provision of staff cloakrooms, gate lodge and new entrance at Londonderry Chest Hospital involving an expenditure of £13,140 are about to be placed by the Authority and it is expected that the work will be commenced at an early date.

The development scheme at Waringfield has not proceeded as quickly as anticipated owing to delay in the completion of the engineering services. The outstanding problems associated with this work have now been resolved satisfactorily and it is reasonable to expect that this hospital will be ready for occupation at the beginning of April or May, 1957.

In order to meet the requirements of the Orthopaedic Hospital, Green-island, it is proposed to erect a new operating theatre and physiotherapy block there. The planning of this scheme has been placed in the hands of Messrs. S. Stevenson & Son (Architects) and preliminary drawings are now in course of preparation.

At the 31st December, 1956, the total number of beds available for the treatment of tuberculosis was 1,552 which is a reduction of 95 on the corresponding figure at the end of the previous year. This reduction is mainly accounted for by the withdrawal of the chalets which were erected temporarily at Dungannon Chest Hospital and by the surrender of a 40 bed unit at Musgrave Park Hospital.

The distribution of beds is as follows:—

Name of Hospital	Respiratory		Non-respiratory		Total
	Adults	Children	Adults	Children	
Armagh Chest Hospital	39	—	—	—	39
Crawfordsburn Hospital	—	100	—	—	100
Downpatrick Chest Hospital	51	—	—	—	51
Dungannon Chest Hospital	71	—	—	—	71
Killadeas Hospital	33	—	—	—	33
Londonderry Chest Hospital	198	—	—	—	198
The Orthopaedic Hospital	—	—	—	100	100
Whiteabbey Hospital	330	30	—	—	360
Total beds in N.I.T.A. Hospitals	722	130	—	100	952
Belfast City Hospital	51	—	—	6	57
Forster Green Hospital	206	—	—	—	206
Musgrave Park Hospital	273	—	49	5	327
Other General Hospitals	—	—	—	10	10
Total beds in N.I.H.A. Hospitals	530	—	49	21	600
TOTAL OVERALL	1,252	130	49	121	1,552

NOTE—The bed complement shown for Forster Green Hospital includes 30 beds in the Surgical Block.

CLINIC SERVICE

It has always been the accepted principle of the Authority that chest clinics should be located at tuberculosis or general hospitals so that the advantages accruing from closer liaison between clinic and hospital can be secured. The development of the clinic services along these lines has proceeded satisfactorily and where deviations from the accepted pattern have occurred, they have been made because of necessity.

The contract works connected with the extension of the Central Chest Clinic premises in Belfast were completed at the beginning of the year. The reconstructed premises were formally opened by Her Excellency The Lady Wakehurst on the 25th June, 1956. This development—the most important one in the Authority's programme of clinic organisation—has completely transformed the former Tuberculosis Institute premises which were originally erected by the Belfast County Borough Council in the year 1918.

The alterations work and the installation of X-ray plant at the Portadown Chest Clinic were completed during the year. With the improved diagnostic and clinic facilities available in Portadown it will now be possible for the Authority to extend the scope of its work in County Armagh.

The increasing demand for radiographic examinations has placed a severe strain on the existing X-ray resources. In order to relieve this pressure and in addition provide a more comprehensive service than is available at the moment, the Authority is formulating proposals designed to provide mass miniature X-ray facilities at the various Chest Clinics throughout the Province. As a first step in this direction, an approach is shortly to be made to the Ministry of Health and Local Government for approval to the expenditure of a sum of approximately £4,500 for the purchase of two 100 m.m. Odelca camera units for use at the Chest Clinics in Belfast and Londonderry respectively.

The Special Sub-Committee set up to review the existing area administrative organisation has now concluded its deliberations and is expected to submit its recommendations to the Authority at an early date.

The attendances at clinics during the year 1956 are detailed in a later section of the Report.

HEADQUARTERS PREMISES

The contracts in respect of the second phase of the alterations work at 27 Adelaide Street involving the provision of a Board Room and ancillary rooms, new entrance and the reinstatement of the fifth floor are about to be placed, and it is, therefore, expected that the building operations on this scheme will commence early in the new year.

The additional accommodation which will become available when this scheme is completed has been allocated to the Northern Ireland General Health Services Board. Two floors of the building are at present occupied by a portion of the Board's staff but as soon as the fifth floor is restored, it is the intention of the Board to transfer the remainder of its staff to Adelaide Street.

MASS RADIOGRAPHY SERVICE

The total number of mass X-ray examinations carried out in the year 1956 was 124,459 which is an increase of approximately 22% on the previous year's figures.

The special sessions allotted at the Mass Radiography Centre in Belfast for the examination of persons referred by General Medical Practitioners have been fully availed of. The number of persons examined was 10,622 of whom 438 were diagnosed as tuberculous. The number of active post primary cases discovered was 126 which is equivalent to 1·19% of the persons examined as compared with the rate of 0·23% for the Mass Radiography Service as a whole.

The experience gained from the General Practitioners' Scheme since its inception in the Belfast area, allied with the findings of the Sub-Committee on Mass Miniature Radiography set up by the British Medical Research Council, make it apparent that the future policy of the Mass Radiography Service should be directed more and more towards selected group examinations. A report on the future policy and development of the Mass Radiography Service is in course of preparation and will be dealt with by the Authority in due course.

LABORATORY SERVICE

The total number of tests carried out at the Central Laboratory, Whiteabbey, and at the laboratories attached to Londonderry and Dungannon Chest Hospitals, was 71,127, which is a slight increase on the figures for the preceding year.

In her report on the work carried out during the year 1956, Dr. L. V. Reilly, Bacteriologist at the Central Laboratory, Whiteabbey Hospital, comments as follows:—

“ The decline in the incidence of tuberculosis has caused some changes in the work that the laboratory is called upon to carry out. It is noticed that the active and often advanced case of pulmonary tuberculosis is less common, and that patients present themselves for diagnosis in an earlier stage of the disease, where diagnosis is sometimes more difficult and where other diseases must be excluded. This leads to the necessity for a greater variety of laboratory investigations and to more complicated procedures for the isolation of the tubercle bacillus. The marked increase in the number of examinations of the fasting gastric residue is an example of this, and this particular investigation continues to prove very valuable.

“ The number of tests of sensitivity to anti-tuberculosis drugs also shows an increase, but fortunately, in patients whose disease is recent, the emergence of resistant organisms is not common. In long-standing, more chronic cases, the development of resistance is still a problem. The sensitivity of the infecting organism is tested in all new cases, and resistant strains in these patients are very rare. Tests of sensitivity to some of the newer antibiotics, such as viomycin and seromycin have been carried out in some special cases.”

The need for improved laboratory facilities at Londonderry Chest Hospital has been recognised by the Authority and plans are now being prepared for the carrying out of necessary alterations to the premises.

A detailed analysis of the investigations undertaken at each of the above mentioned centres is given in Table XLIII.

BCG VACCINATION SERVICE

Early in 1956 the Medical Research Council of England and Wales published the long awaited first report of its Tuberculosis Vaccination Trials Committee which showed that the annual incidence of tuberculosis in adolescent boys and girls was 1·94 per 1,000 in the tuberculin negative unvaccinated group compared with only 0·37 per 1,000 in the negative vaccinated group.

This report is mentioned here as it affords substantial proof of the value of BCG vaccination and fully justifies the Authority's policy of offering BCG vaccination to all school leavers, which was adopted and put into operation several years ago without waiting for the results of the English trial.

The number of candidates for BCG vaccination in 1956 was 39,083 compared with 53,172 the previous year, a decline of 26·5 per cent. The number of vaccinations was 32,669 compared with 41,237, a decline of 20·8 per cent. The disproportionately smaller decline in the number of vaccinations is due to the fact that the natural reactor rate in the community is falling. For example, the rate in children aged 10–15 years was approximately 25 per cent in 1956 compared with approximately 33 per cent in 1955. A falling reactor rate indicates increasingly successful tuberculosis control. "Success" is, however, a comparative term when it is remembered that in some parts of the United States the natural reactor rate at the age of 18 years is under 4 per cent.

The principal cause of the decline in the number of candidates for vaccination was more rigid adherence to the policy of vaccinating, as a group, only school leavers rather than all the children in a school, as was done in some places in 1955. A secondary cause was the fall in the notifications of tuberculosis with consequent reduction in the number of contacts coming under the supervision of the chest clinics and referred to the BCG clinics.

A long felt want was met during the year by the provision at Crawfordsburn Hospital of a unit with 5 cots to which infants requiring to be isolated from tuberculous patients can be admitted after the immediate post-natal period. Hitherto such babies have been accommodated in the nurseries of maternity hospitals as a favour until fit for transfer to Glendhu Children's Hostel or St. Joseph's Babies' Home or a Welfare Nursery. Such institutions, however, are not suitable for very young babies, and it was often necessary to impose on the goodwill of the staffs of the maternity hospitals to keep the babies longer than was their rule. Their co-operation is gratefully acknowledged. In the same connection thanks must also be expressed to the staff of the Maternity and Child Welfare Division of the Belfast Health Department for their help in removing newborn infants from sources of infection in tuberculous homes at birth.

At the request of the Consultant Paediatric Physician, Tyrone County Hospital, a BCG clinic for children referred by him or other doctors was opened in Omagh in premises provided by the Tyrone County Health Committee to which thanks are accorded. No group vaccination is done at this clinic. It is staffed by the No. 4 Area vaccinators.

The Health Committees of the County Borough of Londonderry and of counties Londonderry and Tyrone still play no active part in the scheme for vaccinating school leavers and newborn infants. This service is provided directly by the Authority in Derry City and the County and in that part of Tyrone which lies in No. 4 Area. Elsewhere in Tyrone the BCG Vaccination Service is confined to the Omagh clinic for individual volunteers referred to in the preceding paragraph.

The number of vaccinations in Co. Fermanagh is disappointing. There are some 5,700 children aged 10 years and over enrolled in the county schools and over 1,000 babies are born each year (1,142 in 1955) but in 1956 the total number of vaccinations was only 578.

No agencies additional to those operating in 1955 were working. The various Bodies concerned and their work are detailed in Table XXXVIII,

whilst Table XXXIX shows the numbers and age distribution of candidates for vaccination, the numbers vaccinated and the number of reactors in each group.

NOTIFICATIONS

In the report for the year 1955, a substantial reduction in the number of new cases notified was recorded and this downward trend, although not so marked, was again evident in 1956.

During the year, 1,099 respiratory and 190 non-respiratory cases were notified or intimated, making a total of 1,289. Of this number 10 respiratory and 1 non-respiratory cases were found to be either not suffering from the disease or to have been previously notified, thereby reducing the number of new cases notified to 1,278 (1,089 respiratory and 189 non-respiratory).

In addition, late notifications in respect of 21 respiratory and 8 non-respiratory cases were received during the early weeks of 1957 and these brought the total number of new cases for the year to 1,307 (1,110 respiratory and 197 non-respiratory).

Table V analyses the new cases by age and sex and reveals that the major peak in the male distribution of respiratory cases was in the 20–25 age group while the female notifications of respiratory disease reached their maximum in the 15–20 age group. In both sexes a steady fall in the later age groups was arrested at age 65 (and over) when the numbers recorded rose again.

The total of respiratory notifications dropped by approximately 5% as compared with the previous year and, while this must be regarded as satisfactory, it should be noted that the numbers occurring in age group 35–40 actually increased by 10 compared with the previous year, and there was also an overall increase of 24 in the 65 (and over) age group compared with the year 1955. One specially encouraging feature was that 43 fewer respiratory cases were recorded in the 20–25 age group compared with the previous year.

DEATHS

According to the Report of the Registrar-General for Northern Ireland, 147 deaths from respiratory and 17 from non-respiratory tuberculosis occurred during the year 1956, making the death rate from all forms of the disease 11·74 per 100,000. The rate for respiratory cases was 10·52 per 100,000 and for non-respiratory cases the rate was 1·22 per 100,000.

This represents a reduction of 3·36 per 100,000 compared with 1955 and is, of course, a new record low level for Northern Ireland. Again the fall has been more pronounced in the Province than elsewhere and the graph which appears on page 27 shows that, for the first time since records were established, Northern Ireland has the lowest tuberculosis mortality rate in the British Isles. The Authority is convinced that the unified tuberculosis service which is administered in accordance with the provisions of the Public Health (Tuberculosis) Act (Northern Ireland) 1946, and which is peculiar to Northern Ireland, has made an important contribution to the success achieved and has, in fact, been the hub around which the wheel of progress has revolved.

CLINIC ATTENDANCES

The summary of the work done during the year (Tables IX–XV) discloses that there were 71,512 attendances at chest clinics. This total compares with 68,356 in 1955 and 67,962 in 1954 and is the highest yet recorded. Table IX

shows that total attendances of old patients were 52,083 compared with 50,151 in 1955 ; new cases other than contacts accounted for 14,678 attendances compared with 12,794 in 1955 while attendances of contacts numbered 4,751 compared with 5,411 in the previous year. The drop in the number of contacts examined is the direct result of the decrease in the total number of new cases notified during the year.

The number of persons attending for collapse therapy was 185 compared with 315 in 1955 and 435 in 1954. As a result, the total attendances for the year have fallen to 5,854 compared with 12,170 in the previous year. Artificial pneumothorax refills accounted for 3,259 attendances and artificial pneumoperitoneum refills for the remainder, i.e., 2,595.

Of the cases examined for the first time, 3,888 were placed on " observation." The vast majority of these respond well to treatment and soon recover normal health without showing any definite signs of active disease. The total number of " observation " cases is the highest yet recorded and suggests a growing awareness of the importance of early X-ray examination which leads to early detection of chest abnormalities and enhances the prospect of early recovery.

A slight increase in the number of radiological examinations is recorded—75,951 compared with 74,847 in the previous year.

There were 14,425 patients (exclusive of private patients) on the Authority's Register at 31st December, 1956, compared with 14,639 at the corresponding date in the previous year. (Table I). In addition there were 201 private patients, i.e., known tuberculous patients not wishing to avail themselves of any of the services provided by the Authority. In total, therefore, the names of 14,626 persons were on the Tuberculosis Register at 31st December, 1956. Of this total, 12,715 were suffering from respiratory tuberculosis and 1,911 from non-respiratory tuberculosis.

Patients and contacts are encouraged in their regular attendances at chest clinics through the payment by the Authority of the travelling expenses involved. The British Red Cross Car Service is used extensively for this purpose, and is particularly useful in circumstances where, for example, a large family of young children is required to attend for contact examination.

MEDICAL EXAMINATION OF CONTACTS

Special emphasis continues to be placed on the medical examination of contacts of discovered cases. In this connection the interest and co-operation which the Authority has received from the medical profession is gratefully acknowledged as is also the constant and unremitting work of the Authority's Health Visiting Staff. Further progress in this branch of the work is revealed in the statistical tables and the overall percentage of contacts examined (89.58) is a record, but the high percentage of refusals where no valid reason existed encourages the hope that the continued efforts of all concerned will bear further fruit in the years ahead. The percentage of child contacts examined (97.01) is very gratifying indeed.

The figures for the first nine months of each of the years 1954, 1955 and 1956 are given in Tables XI(a), XI(b) and XI(c). These tables record the results obtained six months after notification in regard to the examination of new cases notified in each year during the period January–September. The following is a summary of the position:—

Total number of new cases followed up	1954			1955			1956		
	1,305			995			944		
	Male	Female	Children	Male	Female	Children	Male	Female	Children
Total number of contacts	1,652	1,832	2,191	1,268	1,423	1,452	1,158	1,330	1,273
Number of contacts examined after six months	1,252	1,462	2,091	993	1,191	1,383	985	1,149	1,235
Percentage of contacts examined after six months	75·79	79·80	95·44	78·31	83·70	95·25	85·06	86·39	97·01
Overall percentage examined after six months	84·67			86·10			89·58		
Average number of contacts per case	4·3			4·2			4·0		

Table XI(c) shows that 392 contacts refused examination in spite of repeated visits by Health Visitors. The following reasons were advanced for non-attendance at the chest clinics:—

Left district—whereabouts unknown	25
Unable to attend because of age	39
Unwilling to forfeit wages	5
Unable to attend because of illness	13
Promised to attend later	40
Refused—no reason	270
Total	392

In the full year 4,751 contacts were examined for the first time (Table IX) and of this total 31 or 0·65 per cent were diagnosed tuberculous. This compares with 1·2 per cent in 1955 and 1·5 per cent in 1954.

HOSPITAL WAITING LIST AND BED ACCOMMODATION

The virtual disappearance of a hospital waiting list has been one of the satisfactory features of the year's work. At 31st December, 1956, the number on the waiting list was 26 compared with 106 in 1955, 206 in 1954 and 805 some 8 years ago. The number of additions to the waiting list was 692 compared with 1,147 in 1955 and 1,369 in 1954, while the total number of patients on the waiting list who were admitted to hospital was 666 compared with 1,085 in 1955 and 1,173 in 1954. Two patients whose names had been on the waiting list during the year died before admission to hospital.

In addition to the two patients who died there were 104 other patients on the waiting list who failed to enter hospital. Of this number, 28 were removed from the waiting list mainly because their medical condition had improved to such an extent that hospital treatment was no longer considered necessary. The remaining 76 patients were those who, for a variety of reasons, refused to enter hospital when beds were offered to them. This figure compares with 78 in 1955 and 88 in 1954. The steady decline in the number refusing hospital treatment is due, in some measure, to the shorter waiting period for admission to hospital. In several areas of the Province it is now possible for patients to enter hospital without delay. The prospect of early treatment and cure

tends to encourage patients to co-operate more fully with the medical staff and removes that insidious feeling of frustration and futility, leading eventually to apathy, and, in some instances, to active non co-operation, which is engendered by long delay between the date of diagnosis and the date of admission to hospital.

The lessening of the demand for hospital beds has caused the Authority to review its programme of bed provision and it is becoming easier, as time passes, to determine the long-term needs of the Province in so far as tuberculosis beds are concerned. Reference is made elsewhere in this Report to the specific steps already taken by the Authority or in contemplation at the end of the year.

The Authority is satisfied that to maintain the present favourable position will require constant vigilance and calls for its unremitting efforts in the field of prevention. Adequate X-ray facilities at key centres in the Province, capable of coping with group X-ray work, would greatly enhance the Authority's preventive programme and provide an effective means of tapping sources of infection within the community which at present remain undetected. This aspect of the Authority's future policy is dealt with more fully elsewhere in this Report.

HOSPITAL TREATMENT

From Table XXIX it will be noted that 2,187 patients were admitted to hospital during the year. This figure excludes temporary admissions and re-admissions for periods of less than 28 days. Of this total, 666 were admitted from the waiting list and the balance, i.e., 1,521 were admitted immediately the need for hospital treatment became manifest. Some of the latter were emergency admissions of urgent cases, but the vast majority of those gaining immediate admission live in those areas of the Province where hospital beds are freely available.

The number of patients discharged from hospital during the year was 2,295 (Table XXIX). Of this number, 611 remained under treatment for periods not exceeding three months, 491 remained for periods not exceeding six months, 725 received treatment for periods up to one year, while 468 patients remained in hospital for periods in excess of one year. (Table XXX).

The average length of stay in hospital of respiratory cases treated to a conclusion was 240·03 days compared with 229·93 days in 1955 and 223·77 days in 1954. For non-respiratory cases the average length of stay was 672·11 days compared with 1010·13 days in 1955 and 682·61 days in 1954 (Table XXXI).

Table XXX reveals that 372 patients were admitted as "observation" cases during the year. Of this total 226 continued on observation at chest clinics on discharge from hospital; 142 were classified as "non-tuberculous" at time of discharge or death, while the remaining four cases were classified as "tuberculous" prior to discharge. The average length of stay for observation cases was 73·15 days compared with 79·38 days in 1955 and 82·83 days in 1954.

In the field of surgical treatment the most notable feature has been the completion and occupation of the new theatre suite at Whiteabbey. The increased facilities now available both at Whiteabbey and Forster Green Hospitals have met the demand for major surgery and the surgical waiting list which stood at 68 at the 31st December, 1955, has now almost completely disappeared.

There has been a further reduction in the number of patients admitted with miliary tuberculosis and/or tuberculous meningitis to Whiteabbey Hospital. Twenty such patients were admitted during the year, of whom nineteen were new cases and one had been treated for tuberculous meningitis some four years previously. The recovery rate amongst new patients was 100% and the overall recovery rate was 95%.

During the year The Orthopaedic Hospital reverted to its original purpose of being a children's orthopaedic hospital, but with the difference that both tuberculous and non-tuberculous orthopaedic cases were admitted for treatment. At the 31st December forty-one per cent of patients in this hospital were suffering from tuberculous orthopaedic conditions as compared with eighty per cent at the end of 1955. The Physiotherapy Department was kept busy during 1956, and the records show that the treatments undertaken within the period exceeded the 1955 figures by more than 60%.

Children suffering from Primary Tuberculosis continue to be admitted to Crawfordsburn Hospital. During the latter months of 1956 a number of cots were empty and the Authority, therefore, decided that the admission block containing 5 cots should be utilised for the isolation of babies who had received BCG vaccination. This arrangement has proved very satisfactory.

As mentioned in last year's Report Crawfordsburn Hospital became associated with the Bangor and Ards Hospitals in the establishment of a school for the training of enrolled assistant nurses. The school is now functioning and should help to relieve the shortage of trained nurses in the area.

HOSPITAL WELFARE SERVICES

Patients in all hospitals controlled by the Authority continue to be well catered for in the type and variety of the entertainments provided. The long-term nature of the treatment received in hospital demands that suitable provision should be made for the patient's entertainment and the resultant relief from boredom provides a necessary and important supplement to medical and nursing care. It is a well-established fact that maximum benefit from hospital treatment can only be achieved if the patient remains in a contented frame of mind during his or her period of enforced idleness.

The screening of films twice monthly for adult patients in all chest hospitals and once monthly for children in the Orthopaedic and Crawfordsburn Hospitals formed the basis of the entertainments' programme during 1956. But supplementing these there was a seemingly endless variety of concerts and plays provided by many voluntary organisations and societies. To all who have helped in any way in the presentation of these programmes, the Authority returns its sincere and grateful thanks.

Numerous gifts in money and in kind have been generously given by a host of friends. The continued interest and support of the staff of the Ulster Transport Authority, the "Not Forgotten" Association, the British Legion, Toc H, and the Newry Rotary Club, is much appreciated, while special thanks are due to the employees of the Plating and Welding Departments of Messrs. Harland & Wolff Ltd., who have so generously donated a number of television sets to Chest Hospitals.

Radio and Television now form part of the normal entertainment programme. Station H.R.S., which is a non-commercial relay station providing free programmes over closed circuits to patients in hospitals in Northern Ireland, and which is operated by the Voluntary Entertainments' Education and Welfare Organisation (V.E.E.W.O.) provided enjoyable programmes for patients in Whiteabbey, Londonderry and Dungannon Chest Hospitals.

During the summer months outdoor activities were organised. Patients who were fit enough to be out of doors enjoyed clock golf, putting and croquet, while occasional outings by bus and by private cars were a feature of the summer programme at several of the hospitals.

Units of the Girl Guides, Brownies, Boy Scouts and Wolf Cubs function in the children's hospitals at Crawfordsburn and Greenisland, and once again the Authority pays tribute to the devoted service of the various leaders.

The Special Schools at Crawfordsburn, Greenisland and Whiteabbey Hospitals, which operate under the direction of the Ministry of Education, continue to provide an indispensable service at these hospitals. In the autumn of 1956, Mrs. E. M. Bates, Principal of Crawfordsburn School, retired after 30 years' service in Hospital Schools—first in Whiteabbey Hospital and for the past eight years in Crawfordsburn. The Authority joins in the many expressions of good wishes which Mrs. Bates has received for a long and happy retirement.

Further Education Classes in commercial subjects—Shorthand, Book-keeping, Commerce, Arithmetic and English—were organised for adult patients in Whiteabbey Hospital and commenced in the month of June. From then until the end of the year more than 100 patients availed themselves of the facilities offered. The co-operation of the teaching staff of Carrickfergus Technical School in this venture is much appreciated.

Divine Services for the various religious denominations were held regularly during the year. Special Services with appropriate music were held at Christmas and Easter and during the Harvest season. Visits from Church choirs are always a feature of these special occasions and are much appreciated by the patients.

The Library Service operated by the St. John and Red Cross Joint Committee provides a varied selection of reading material for hospital patients. The service is carried on, in the main, by a large band of willing voluntary workers. An indication of the volume of work involved in the operation of this service is given by the following figures :—

	<i>Number of books issued during year</i>
Whiteabbey Hospital	23,535
Orthopaedic Hospital	2,726
Crawfordsburn Hospital	1,256
Downpatrick Chest Hospital	2,867
Armagh Chest Hospital	1,169

A book-binding department is attached to the library in Whiteabbey Hospital and in this 103 books were bound during the year.

A feature of the Library Service at the Orthopaedic Hospital has been the introduction of "Story Time," which is becoming increasingly popular. Through "Story Telling" or "Story Reading" a tremendous influence for good can be exercised if thought is given to the child's present knowledge, and stories are selected to develop interest in Geography, History, Science, Brave Deeds, etc. Another worthwhile activity at Greenisland is the training of children in the use of Books and Libraries. They are educated in the use of reference books and are taught the system by which books are placed on the library shelves. When these young patients leave hospital they should be able to make good use of the Public Libraries and so form a habit which will be of immense value to them throughout their lives.

TRAVEL VOUCHERS

Regular visits of relatives to patients in hospital help to ensure that patients remain contented and thereby obtain maximum benefit from their treatment. For this reason the Authority continues to issue free travel vouchers to enable two near relatives of each patient to visit once monthly where the return journey to the hospital exceeds 2/6d. During the year 2,124 persons received vouchers compared with 2,453 in the previous year. The total number of vouchers issued was 20,800 compared with 22,000 in 1955.

DOMICILIARY WELFARE SERVICES

Patients who are regarded by the Chest Physicians to be in need medically of extra nourishment are granted one pint of pasteurised or Grade "A" milk per day free of charge for an initial period of three months. Supplies may be continued beyond this limit if the patient's medical condition warrants it. At 31st December, 1956, 1,216 patients were in receipt of free milk compared with 1,391 at the corresponding date in the previous year. The average number of patients in receipt of milk at any one time was 1,284 compared with 1,396 in the preceding year.

A further reduction in the number of patients requiring bed and bedding took place during the year. One hundred and eleven new issues were made compared with 174 in 1955, while the total number of patients in receipt of bed and bedding on loan at 31st December, was 665 compared with 764 in 1955 and 921 in 1954. This trend may be expected to continue as the gradual re-housing of tuberculous families progresses.

The number of chalets on loan to patients at 31st December was 63 compared with 74 in 1955 and 87 in 1954. This trend has been downward over a period of years and is influenced by the same factors which combine to lessen the demand for beds and bedding. Only 5 new issues of chalets were made during 1956.

The provision of domestic help in those cases where the housewife is the patient and where adequate help cannot be provided by other members of the family circle, continues to fill a much felt want. This service is provided on an agency basis for the Authority by County and County Borough Welfare Committees in all areas of the Province except in the counties of Tyrone and Londonderry where the Authority operates a directly-controlled scheme.

There were 120 domestic helps in employment at 31st December compared with 123 in the previous year. Altogether 245 patients were supplied with domestic help during the year compared with 272 in 1955 and 267 in 1954. Of this total, 31 patients were on the hospital waiting list, 99 patients had just been discharged from hospital and the remaining 115 patients were those for whom hospital treatment was not considered necessary. The average length of stay in cases terminated during the year was 45.5 weeks compared with 45 weeks in 1955 and 37 weeks in 1954.

A total of 62 children spent a holiday at the seaside during 1956 under the scheme for provision of holiday accommodation for children in contact with tuberculous patients. This figure compares with 86 in 1955 and 57 in the previous year. In the operation of the scheme full co-operation was forthcoming from the Northern Ireland Joint Tuberculosis Care and After-care Committee (N.I.T.A./N.A.P.T.) and the Authority records its warm appreciation of the work of the members of this Committee in connection with this important preventive measure.

With the co-operation of the Ulster Joint Committee, the Order of St. John of Jerusalem and the British Red Cross Society, the scheme for the provision of a library service for domiciliary patients continued to operate during the year. Up to and including 31st December, 40 patients were regularly supplied with reading material. Demand remains constant and is evidence of the very satisfactory manner in which the Library Service discharges its duties. It can be said, with full assurance, that every effort is made to satisfy the individual tastes of the patients.

The Authority still makes provision for the supply of ancillary nourishment such as malt, cod liver oil, virol and virolax at the various chest clinics but the need for such a scheme diminishes year by year.

NATIONAL ASSISTANCE

Patients undergoing treatment for tuberculosis of the respiratory system who are over 16 years of age, and who have suffered a loss of income, qualify for special rates of National Assistance under the National Assistance Act (Northern Ireland) 1948. The maximum weekly amount presently payable for such cases is as follows:—

(a) for a husband and wife—			
(1)	of whom one is such a person	.....	87/—
(2)	of whom both are such persons	.....	101/—
(b) for any other such person being—			
(1)	aged 21 years or over	.....	60/-
(2)	aged 18 years or over but less than 21 years	.....	46/—
(3)	aged 16 years or over but less than 18 years	.....	37/6

Applicants for assistance are also entitled, under the Determination of Need Regulations, to a weekly allowance for rent calculated by reference to the general level of rents in the locality and the composition of the household.

The report of the National Assistance Board for the year ended 31st December, 1956, states that “1,420 patients were assessed on the above scale at the 31st December, as compared with 1,634 at the end of 1955 ; three-quarters of them were receiving National Insurance Benefits. The number of these cases increased steadily from 1948 to 1952, by the end of which year they totalled 2,054. Since then there has been an equally steady fall in their numbers, which may be assumed to reflect the success which has been achieved in the fight against tuberculosis. Persons in this class continue to be assessed on the special scale for a period after their recovery, while they are looking for work again. At the end of the year 54 of these applicants were receiving their national assistance grants at the Employment Exchanges where they were registered for work.”

HOME NURSING

The various local Health Authorities in the Province, acting as agents of the Authority, continued to provide an efficient Home Nursing Service for tuberculous patients. The growing tendency to prescribe antibiotic treatment for domiciliary patients has led, inevitably, to an increasing demand for home nursing services. In the year under review 487 patients were visited regularly and the total number of visits made to those patients was approximately 23,550. In the previous year 412 patients were visited and the total number of visits was 23,450.

CARE AND AFTER-CARE

Towards the end of the year 1955 a Committee known as the Northern Ireland Joint Tuberculosis Care and After-care Committee (N.I.T.A./N.A.P.T.) was formed. As its name indicates, the Committee consists of representatives of the Authority and of the National Association for the Prevention of Tuberculosis—each Body having equal representation.

The functions of the Committee include the provision of clothing, bedding, nourishing food and financial assistance, for tuberculous patients, or suspected tuberculous patients, and their families, which cannot be obtained from any statutory body. The Committee also provides gifts of clothing required by children who are contacts of active tuberculous cases in circumstances where the parents are financially unable to make the provision themselves.

The first meeting of the Committee was held on 10th February, 1956, and, in all, 23 meetings were held during the year. Up to 31st December, 1956, the total number of cases dealt with was 106. Of this number 85 cases were helped by the Committee and the remaining 21 applications were either refused or referred to other voluntary organisations. With few exceptions, tuberculosis health visitors interviewed applicants in their homes and submitted recommendations for the guidance of the Committee.

The most common requests were for beds and bedding (25) ; clothing (21) ; footwear (19) and settlement of outstanding light and fuel accounts (17). In addition, a fairly large number of applications for assistance involved arrears of hire purchase and loan repayments. The general policy of the Committee to this type of request was to negotiate with the creditors rather than to settle the debts. The average expenditure per case worked out at £5 10s. 0d.

The funds at the disposal of this Committee are provided by the Authority, the National Association for the Prevention of Tuberculosis (N.I. Branch) and through the organisation of functions and the receipt of donations from the general public.

DIVERSIONAL THERAPY

The arrangements for diversional therapy at Authority-controlled hospitals remain unchanged. Some indication of the extent of the work carried out by patients under the scheme may be gauged from the fact that in the year 1956 the estimated value of sales of materials at the various hospitals amounted to £5,000. A proposal to extend the scheme to domiciliary patients through the agency of the several County and County Borough Welfare Committees was considered but in view of the financial implications involved, the Authority decided not to proceed further with this proposal. The needs of domiciliary patients, however, have not been overlooked and they are at present being catered for through the Authority's Health Visiting Staff.

The Annual Exhibition of Patients' Handicrafts was again held in the Wellington Hall, Belfast, during the period 5th–7th December, 1956, when some 1,500 articles, representative of the work by patients both at home and in hospital, were on display to the general public. The large number of people who visited the Exhibition is adequate proof of the interest evinced by the general public in this work.

The Authority is indebted to its Chairman, Mr. D. Hall Christie, for the presentation of a Cup which is to be awarded annually for the finest exhibit submitted by a home patient at the Exhibition.

REHABILITATION

The policy of employing former patients, where possible, at Authority controlled hospitals and chest clinics has been pursued though the number of vacancies becoming available for ex-patients at such centres is gradually diminishing owing to the slow rate of turnover of staff.

The volume of work in the Multigraph Department, which is located at the Authority's headquarters and is fully staffed by ex-patients, was maintained at a reasonable level throughout the year. In addition to providing a large proportion of the printing requirements of the Authority, this Department undertakes work on behalf of the Northern Ireland Hospitals Authority and the Northern Ireland General Health Services Board. The costed value of the work carried out during the year ended 31st March, 1956, amounted to £5,607 which is a slight increase on the preceding year's figures.

It is gratifying to reveal that on completion of the 6 months' period of training in the Multigraph Department, seven trainee-operators were successful in securing appointments with outside firms.

As a result of the negotiations referred to in the previous year's Report, a number of suitable patients were accepted during the year for training in the fancy box-making industry.

HEALTH VISITING

With the exception of an adjustment in Londonderry, the health visiting staff remains the same. The resignation of one of the health visitors in Londonderry provided an opportunity for reconsidering the work there, and, having regard to the amount of time devoted to work in connection with BCG vaccination, it was decided to substitute a clinic nurse for the health visitor previously employed. This is in line with present day trends, i.e., to release health visitors from duties which can be undertaken just as effectively by other staff, and so make them more fully available for the work they are specially qualified to do.

Economic problems are encountered in nearly every case visited. The high cost of food and fuel makes provision of clothing and replacement of worn out items of household equipment difficult when the patient is the breadwinner or the mother. This is particularly so when the patient does not qualify for the special rates of National Assistance payable by the National Assistance Board. Experience has shown that many cases fall into this category and, for this reason, some modification of the present scales whereby provision could be made for genuinely necessitous cases would be of invaluable help.

The re-settlement of patients and their return to work following treatment remains a major problem. The relatively high level of unemployment in Northern Ireland means that former patients must compete with able-bodied persons for the jobs available. The use of Papworth and Enham-Alamein Village Settlements for rehabilitation purposes provides a solution for some, but it has to be admitted that this only touches the fringe of the problem.

In addition to the special problems outlined above, all sorts of other domestic difficulties arise when a prolonged period of inactivity is prescribed, and a satisfactory solution to them must be found if the patient is to derive the maximum benefit from the medical treatment.

In the solution of these problems the efficient health visitor has an important function to fulfil. Her special training and experience enable her to deal effectively with many seemingly insurmountable difficulties and by cheerfulness and tact she should be able to inspire the patient with the necessary determination to complete a course of treatment successfully. On

her first visit to a new patient the health visitor's primary concern is to ascertain the facilities the patient has for carrying out the form of treatment recommended by the Chest Physician. She must satisfy herself that strict bed rest can be obtained, if this has been prescribed, and it is her duty to recommend the supply of bed and bedding and/or the provision of a domestic help, if either or both of these measures are considered necessary in the interests of the patient.

A very important side of the health visitor's work is to encourage contacts to be medically examined and the success which has been achieved in this direction is recorded elsewhere in this Report. As has already been indicated, this work continues to cause some anxiety for there are still too many contacts who refuse to attend for examination.

In the operation of the Children's Country Holiday Scheme, and in the preparation of reports for presentation to the Care and After-care Committee, the health visiting staff have given valuable assistance.

Table XVI(a) analyses the work done by health visitors during the year and reveals that 66,179 visits were made. Of this total 16,889 visits were made to patients requiring monthly visitation, 22,735 to patients visited on a quarterly basis, and 3,113 were made to patients who are visited once yearly. The remaining 23,442 visits were made as required in connection with new notifications, contacts, tuberculin testing, BCG vaccination, etc.

Grateful acknowledgment is again made of the helpful co-operation received from the Ministry of Labour and National Insurance, the National Assistance Board, the various Health and Welfare Departments and numerous Voluntary Organisations.

EDUCATION AND PROPAGANDA

In the light of the more favourable trends in tuberculosis which have become evident over the past couple of years or so, the Authority is more than ever conscious of the greater emphasis which must now be placed on preventive rather than curative measures.

It is realised, however, that if the maximum benefit is to be derived from the various preventive measures employed by the Authority, the full co-operation of the public must be obtained and it is in this respect that health education is so essential to the success of the Authority's campaign for the eradication of tuberculosis from the community.

The use of stands at the Royal Ulster Agricultural Show and other exhibitions at which suitable propaganda material was displayed and literature distributed, was again a feature of the publicity campaign undertaken in the year under review. Attractively designed posters were also circulated to shops, factories and public offices throughout the Province whilst a booklet for the guidance of patients was produced.

The importance of widespread publicity cannot be over-emphasised and the Authority desires to place on record its appreciation of the valuable publicity so readily given by the Press to the Authority's activities during the year.

X-RAY EXAMINATION OF SCHOOLTEACHERS

Table XLIV shows the position regarding the X-ray examination of schoolteachers under the Teachers' Compulsory Absence and Special Sick Leave Regulations (Northern Ireland) 1954. The Regulations provide for the annual X-ray examination of all teachers coming within the scope of the scheme.

For the purposes of the scheme, the annual X-ray examination is arranged to coincide with the school year and the period covered by the Table is, therefore, for the year ended 31st August, 1956.

From this Table it will be noted that 7,618 teachers were in the scheme at the 31st August, 1955, 723 names were added to the Register during the year, and 499 teachers ceased to come within the scope of the Regulations, thus leaving 7,842 teachers on the Register at the 31st August, 1956. Of this number 174 failed to attend for X-ray examination.

As a result of these examinations, 13 cases of active pulmonary tuberculosis not previously known to the Authority were diagnosed during the year. This is equivalent to a rate of 1·7 per 1,000 examinations, compared with 1·9 per 1,000 in the previous year.

In all cases where active disease was diagnosed, the teachers concerned were suspended from duty in accordance with the Regulations, which are designed to ensure that pupils in grant-aided schools will be safeguarded, as far as possible, from the dangers of infection from teachers suffering from pulmonary tuberculosis.

X-RAY EXAMINATION OF SCHOOL MEALS PERSONNEL

In co-operation with local education authorities and school authorities, the Authority provides facilities for the annual X-ray examination of all persons engaged in the School Meals Service. It is now obligatory for all new entrants to the School Meals Service to have initial X-ray examination.

TUBERCULIN TESTING OF SCHOOL ENTRANTS

Reference was made in the 1955 Annual Report to the inauguration of a scheme whereby all school entrants in the Belfast Area were to be tuberculin tested and the contacts of positive reactors X-rayed with the object of detecting pulmonary tuberculosis in the contacts.

The survey was organised by Dr. H. G. Calwell, Medical Director of the BCG Vaccination Service, in co-operation with the Belfast County Borough Health Committee.

Dr. Calwell's review of the results obtained is included as an appendix to this Report. The main conclusion reached by Dr. Calwell is that, as a case-finding procedure, the scheme is not considered to have justified the amount of effort needed to operate it.

FINANCIAL SCHEME FOR THE YEAR ENDING 31st MARCH, 1957

The draft financial scheme for the year ending 31st March, 1957, as approved by the Ministry of Health and Local Government under Regulation 15 of the Public Health (Tuberculosis) Regulations (Northern Ireland), 1946, makes provision for an estimated net expenditure of £950,500 allocated over the following headings:—

(i) For services analogous to Hospital and Specialist Services :

			£	£
(a)	Hospital Expenses	.....	554,090	
(b)	Clinic Service	.....	97,575	
(c)	Mass Radiography Service	.....	33,875	
(d)	Bacteriological Service	.....	9,560	
(e)	Administrative Expenses	.....	44,400	
(f)	Contingencies	.....	4,000	
			<hr/>	743,500

(ii) Other Services:	£	£
(a) Domiciliary and Welfare Services	100,000	
(b) Administrative Expenses	6,000	
(c) Contingencies	1,000	
	<hr/>	107,000
(iii) Capital Expenditure		100,000
		<hr/>
		£950,500

In accordance with the provisions of Section 20 of the Public Health (Tuberculosis) Act (Northern Ireland) 1946, as amended by Section 54 of the Health Services Act (Northern Ireland), 1948, the expenditure specified has been assessed on the several contributing Bodies in the following proportions:

(a) Amount chargeable to the Ministry of Health and Local Government (total expenditure on items shown under headings (i) and (iii) and half of the expenditure on items shown under heading (ii))	£897,000
(b) Amount chargeable to County and County Borough Councils in the same proportion as the total net annual value of all hereditaments in the area of each Council bears to the aggregate of the net annual values of all hereditaments in the areas of all the Councils (half of the expenditure on items shown under heading (ii))	53,500
Total	<hr/>
	£950,500

ACCOUNTS

The accounts in respect of the year ending 31st March, 1956, disclose that the net expenditure of the Authority for all purposes amounted to the sum of £873,367 made up as set out below, the figure for the preceding year being shown for comparison:—

1954/55			1955/56
£	(i) Revenue Account:		£
40,892	(a) Headquarters		42,238
	(b) Hospitals under the control of the Authority		478,634
447,654	(c) Hospitals and Institutions not under the control of the Authority		14,005
13,650	(d) Clinic, BCG and Domiciliary Services.....		181,289
174,204	(e) Mass Radiography Service		32,958
29,760	(f) Bacteriological Service		8,900
7,573	(g) Miscellaneous		24
17			
<hr/>			<hr/>
713,750			758,048
13,491	£700,259	Less General Receipts	13,065
<hr/>			<hr/>
			£744,983

£	(ii) Capital Account:	£
95,795	(a) Land and Buildings—additions and alterations	114,606
14,464	(b) Provision of X-ray plant and miscellaneous items of equipment	13,778
<hr/>	110,259	<hr/> 128,384
	<hr/> £810,518	<hr/> £873,367

The total revenue expenditure in hospitals under the control of the Authority shows an increase of £30,980 as compared with the preceding year.

The major items in the total increase are:—

(i) Increase in Nursing Staff Salaries	£10,000
(ii) Increase in Domestic and other Staff Wages	£14,000
(iii) Increase in Fuel and Light costs	£3,000
(iv) Increased expenditure on Maintenance of Buildings	£4,000

The following table shows the average cost per patient-week (excluding Headquarters and Bacteriological Service expenditure) at each hospital under the control of the Authority for the years 1954/55 and 1955/56 together with the average for all hospitals:—

Name of Hospital	1954/55			1955/56		
	No. of patient weeks	Patient week costs		No. of patient weeks	Patient week costs	
		£	s. d.		£	s. d.
*Armagh Chest Hospital	1,860	9	4 4	1,422	11	18 0
Crawfordsburn Hospital	4,530	9	17 2	4,964	9	10 9
Downpatrick Chest Hospital	2,423	7	16 2	2,461	8	9 0
*Dungannon Chest Hospital	4,113	9	18 11	3,796	11	2 0
Killadeas Hospital	1,407	14	0 0	1,549	12	0 3
Londonderry Chest Hospital	9,088	9	2 0	9,397	9	16 1
*The Orthopaedic Hospital	5,796	10	16 0	4,729	14	6 2
Whiteabbey Hospital	18,002	8	18 11	18,397	9	8 2
All Hospitals	47,219	9	9 7	46,715	10	4 11

*—The marked increase in Patient Week Costs is mainly due to a reduced number of occupied beds.

The revenue expenditure on the Clinic, BCG and Domiciliary Services shows an increase of £7,085 over the previous year's figure, due mainly to salary increases and a small increase in staff numbers in post, in the Clinic Service.

The increase of £3,198 in Mass Radiography Service expenditure is largely attributable to an extension of the area covered by the Mobile Units.

STAFF

The total number of staff provided for in the establishment at 31st December, 1956, was 1,050 made up as follows:—

Medical Staff	51
Administrative and Clerical Staff	165
Nursing Staff	321
Health Visiting Staff (including Clinic Nurses)	44
Special Departmental Staff (Radiographers, Almoners, etc.)	30
Maintenance Staff	78
Domestic and General Staff	323
Chaplains	29
Others	9
Total	1,050

The position in regard to the recruitment of radiographers shows little or no improvement over the previous year and the response to advertisements for such staff has, on the whole, been disappointing. Apart from the general shortage of qualified radiographers which exists at present, one other possible explanation for the poor response to advertisements is the fact that owing to the provisions of the Safeguarding of Employment Act (Northern Ireland) 1947, the Authority is unable to offer any security of tenure to radiographers appointed who are not normally resident in Northern Ireland. It is felt that the limitations imposed by the Act are a deterrent in attracting otherwise suitably qualified radiographers to the service.

The difficulties experienced during the year in obtaining qualified almoners to fill vacancies at Whiteabbey Hospital were resolved by the appointment temporarily of two welfare officers.

The number of applications received from intending student nurses showed a slight improvement during the year whilst the appointment of trained nurses to fill vacancies on the establishment of the various hospitals was maintained at a satisfactory level. The initial intake of pupil assistant nurses at Crawfordsburn Hospital, which is associated with the Bangor Hospital for the training of enrolled assistant nurses, is expected to take place shortly. It is hoped that as the number of pupil assistant nurses at the latter hospital increases, a larger proportion will be seconded for training to Crawfordsburn Hospital.

With the decline in the demand for hospital beds referred to in an earlier section of the Report, the staffing position at the various hospitals is being kept under constant review by the Authority and it is not unlikely that in the incoming year steps will be taken to reduce the number of staff in post.

The Authority takes this opportunity of expressing its thanks to the staff for the unremitting efforts, loyalty and co-operation given by all of them during the year 1956.

CHAPLAINS

The appointment of Chaplains at Authority controlled hospitals continues to be made on the basis of nominations submitted by the representative Church Bodies. At the end of the year, the number of Chaplains in office was 29, of whom 9 held honorary appointments owing to the fact that the number of patients visited by them was below the minimum required to qualify for the payment of remuneration.

The Authority is conscious of the valuable contribution made by the Chaplains to the welfare of both patients and staff at hospitals and again wishes to express its appreciation of the work done by them.

VISITS OF OVERSEAS MEDICAL OFFICERS

Further visits by medical officers from overseas were made in order to study the Tuberculosis Services in Northern Ireland. These visits were made under the auspices of the World Health Organisation and the undernoted doctors each spent a short period studying the various aspects of the work of the Authority.

Dr. J. C. Kapitan from Indonesia	.....	18th—26th April, 1956.
Dr. F. Mitchell from South Africa	.....	18th—20th June, 1956.
Dr. R. Rashdan from Jordan	.....	2nd—10th October, 1956

ACKNOWLEDGMENTS

In addition to those specially noted in the body of the Report, the Authority desires to thank the Registrar-General for Northern Ireland and his staff for their courtesy in supplying statistical information, and all others who, in any way, contributed to the work of the Authority during the year.

APPENDIX I

TUBERCULIN TESTING OF SCHOOL ENTRANTS

Towards the end of 1955 a scheme was introduced with the co-operation of the Belfast County Borough Health Committee whereby school entrants in Belfast would be tuberculin tested and reactors, and their family contacts, over the age of 13 years X-rayed. The main object of the scheme was the detection of pulmonary tuberculosis in the contacts. It was decided by the Authority early in 1956 that the scheme should be administered by the Medical Director of the BCG Vaccination Service, and it was thus operated for a full year.

The children, who were aged 4-7 years were tuberculin tested at their first school medical inspection by the staff of the School Health Division using the Heaf multiple puncture test. Children known to have been vaccinated with BCG were excluded as also were certain children suffering from skin conditions. Lists of reactors were sent to the BCG Department for scrutiny and removal of the names of (a) those already vaccinated with BCG and included inadvertently, (b) those already known to have tuberculosis and (c) those already known to be contacts of tuberculous patients.

Reactor children remaining after the above scrutiny were invited to attend a special clinic held in the BCG Department along with a parent. During the interview the scheme was explained to the parent accompanying the child, and if a child came unaccompanied or failed to attend a special visit was made to the home by a Health Visitor, who explained the matter and sought the co-operation of the family.

Inquiry was made about the child's health and exposure to tuberculous infection. In many cases the parent indicated a source of infection which turned out to be a person on the tuberculosis register, living near at hand, but not necessarily related to the child. The child was X-rayed and the parent accompanying him was invited to submit to X-ray examination also at the same visit. The names of all persons living in the house aged 13 years and over were listed, and they were given appointments to attend for X-ray examination at morning, afternoon or night sessions in the Central Chest Clinic. The skiagrams were examined by physicians of No. 1 area nominated by the respective Consultant Chest Physicians.

The results of the tuberculin survey were:—

Age in Years	4	5	6	7	Total
No. Enrolled	359	4,500	2,576	562	7,997
Offered Test	235	3,182	1,937	400	5,754
Refused	8	209	133	25	375
Tested	227 (96.6%)	2,973 (93.4%)	1,804 (93.1%)	375 (93.7%)	5,379 (93.6%)
Reactors	6 (2.6%)	112 (3.8%)	80 (4.4%)	23 (6.1%)	221 (4.1%)

The overall reactor rate of 4.1% must be corrected because of the inadvertent inclusion of 13 children who had been vaccinated with BCG. The overall natural reactor rate was, therefore, 3.9%.

The list of reactors submitted contained the names of 221 children, which number was further reduced as follows:—

Already vaccinated with BCG	.....	.....	13
Known cases of tuberculosis	.....	.....	13
Known contacts	.....	.....	30
			—
			56

The remaining 165 children were invited to attend the BCG clinic with the following results:—

Normal	.....	.....	.....	.....	.....	100
Primary intrathoracic tuberculous complex (active)	.....	.....	.....	.....	.....	4
do.	.....	do.	.....	(inactive)	.....	2
do.	.....	do.	.....	(healed)	.....	39
Requiring observation	.....	.....	.....	.....	.....	8
Failed to attend	.....	.....	.....	.....	.....	12
						—
						165

One of the children who failed to attend had been admitted to Crawfordsburn Hospital with a pleural effusion a few days before the appointment, and of those considered to require observation 2 failed to come for further examination, 3 were later classified as normal, and 3 were still under observation at the end of 1956.

The total number of contacts of the 153 reactor children was 406 of whom only 248 (61·1%) attended for X-ray examination. The findings where:—

Active pulmonary tuberculosis	.....	.....	2
Inactive pulmonary tuberculosis	.....	.....	2
Non-tuberculous	.....	.....	240
Requiring observation	.....	.....	4
			—
			248

Both of the adults found to have active pulmonary tuberculosis had positive sputa. The other was the only newly discovered case in the series examined. It is of interest to relate that a father who refused to be X-rayed with the rest of his family was sent to the Central Chest Clinic three months later by the family doctor and found to have pulmonary tuberculosis with cavitation. As this case was not discovered by the scheme it is not included in the figures given above.

The high defaulter rate among contacts (38·9%) is in marked contrast to the low rate of refusal of the tuberculin test (6·4%) and of failure to attend by the reactor children (7·3%). The failure of fathers and grandparents to attend is considered to have nullified the value of the scheme as a case-finding procedure. It was remarkable how often a mother would bring a child to the clinic for examination and accompany him to the X-ray department but herself refuse to be X-rayed.

SUMMARY OF CONCLUSIONS

1. The natural reactor rate in 5,379 Belfast schoolchildren aged 4-7 years was 3.9%.
2. Active primary intrathoracic tuberculosis was found in 4 of the 153 reactor children examined. None of the 4 children was ill or considered to require hospital treatment.
3. Only 61.1% of the 406 family contacts of reactor children could be induced to attend for X-ray examination. Only one hitherto unknown case of active pulmonary tuberculosis was discovered (0.4%) but a patient classified as having quiescent pulmonary tuberculosis was discovered to have relapsed.
4. As a case-finding procedure the scheme is not considered to have justified the amount of effort needed to operate it.

The Authority is grateful to the Belfast County Borough Health Committee and the personnel of the School Health Division for their co-operation without which the scheme could not have been worked.

H. G. CALWELL.

5th June, 1957.

APPENDIX II

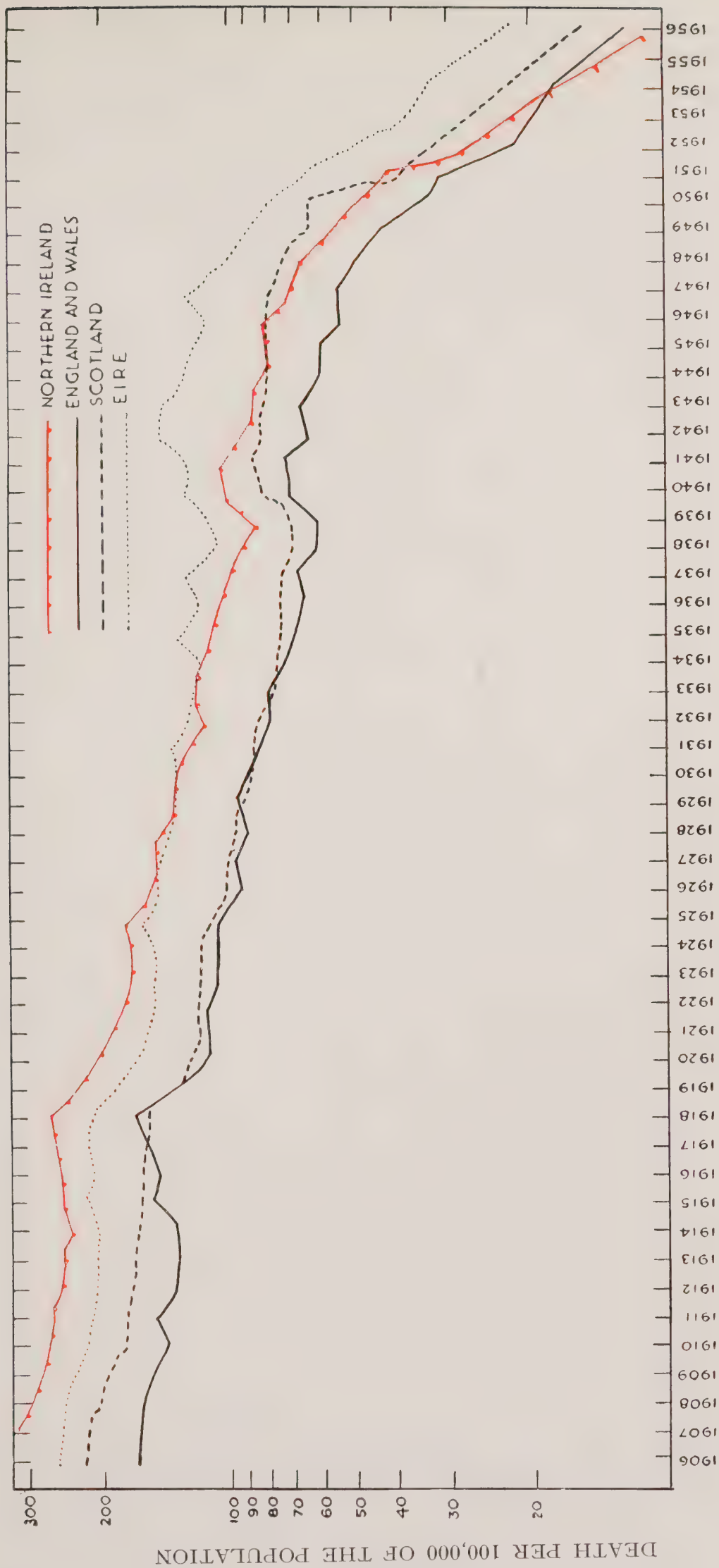
LOCATION AND FREQUENCY OF CLINIC SESSIONS AS AT 31st DECEMBER, 1956

Area	Clinic	Address	Frequency
No. 1 Area (sub-div. A)	Ards Clinic	Ards Hospital, Newtownards	Monday and Thursday afternoons
	Bangor Clinic	60 High Street, Bangor	Monday and Thursday mornings
	Central Chest Clinic	Durham Street, Belfast	Daily, except Saturday
	Forster Green Clinic	Forster Green Hospital	Monday afternoon
	Templemore Avenue Clinic	Ulster Hospital, Templemore Ave.	Wednesday and Friday afternoons
No. 1 Area (sub-div. B)	Antrim Clinic	Massereene Hospital, Antrim	Wednesday morning and afternoon
	Ballymena Clinic	Cottage Hospital, Ballymena	Monday and Wednesday mornings and afternoons
	Central Chest Clinic	Durham Street, Belfast	Daily, except Saturday
	Larne Clinic	Moyle Hospital, Larne	Tuesday afternoon, and Thursday morning and afternoon
	Whiteabbey Clinic	Whiteabbey Hospital	Daily except Wednesday and Saturday
No. 1 Area (sub-div. C)	Central Chest Clinic	Durham Street, Belfast	Daily, except Saturday
	R.V.H. Clinic	Royal Victoria Hospital	Monday, Wednesday and Thursday afternoons
No. 2 Area	Armagh Chest Clinic	Drumarg House, Armagh	Monday morning and afternoon, and Tuesday morning
	Banbridge Clinic	Banbridge Hospital	Tuesday morning
	Downpatrick Clinic	Downe Hospital, Downpatrick	Tuesday and Friday mornings
	Forster Green Clinic	Forster Green Hospital	Wednesday afternoon
	Lisburn Clinic	Lagan Valley Hospital	Monday and Thursday afternoons
	Lurgan Clinic	Lurgan and Portadown Hospital	Thursday morning
	Musgrave Park Clinic	Musgrave Park Hospital	Tuesday, Thursday and Friday afternoons
	Newry Clinic	Newry General Hospital	Wednesday morning and afternoon and Friday morning
	Portadown Clinic	Clonavon Avenue, Portadown	Tuesday and Friday mornings

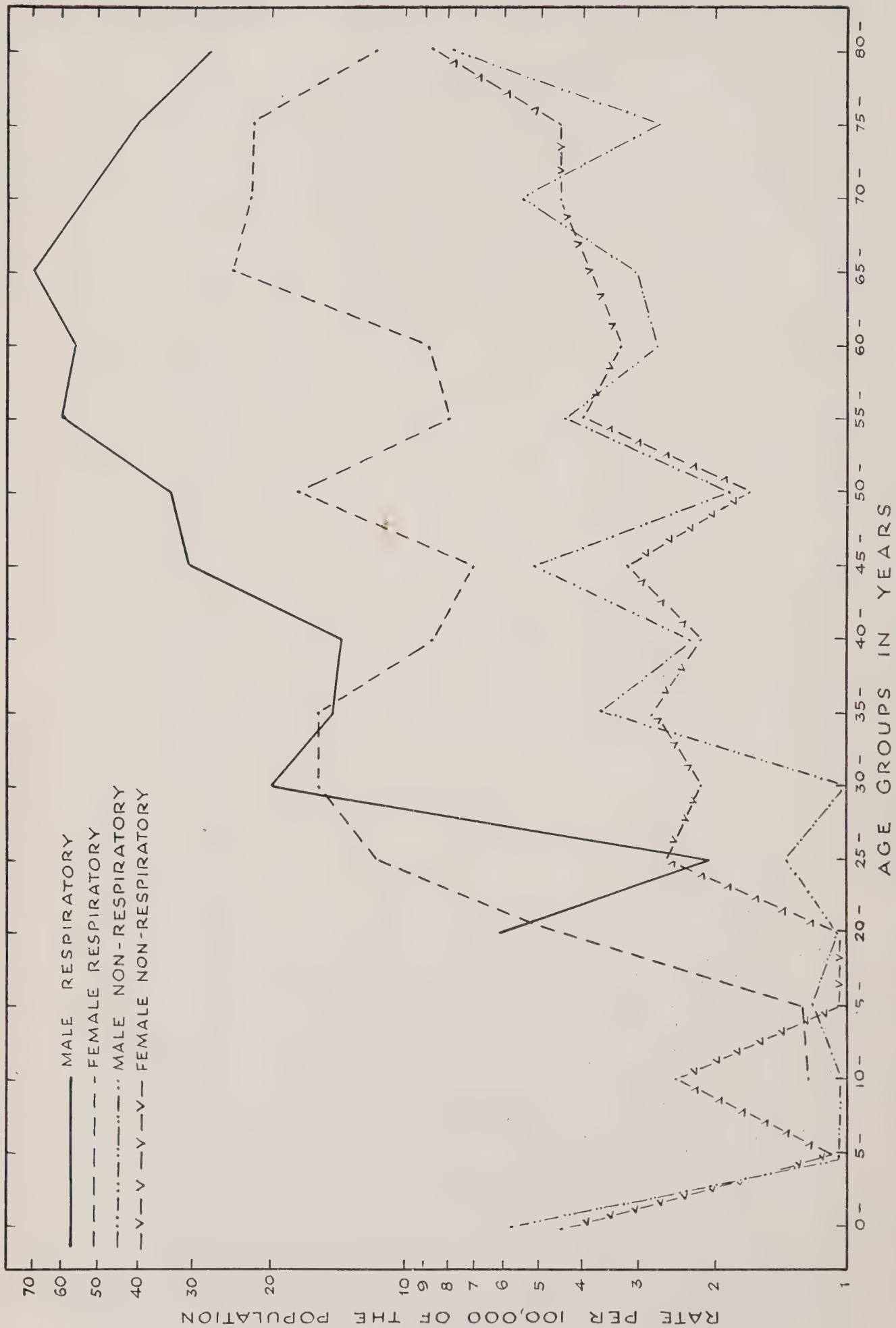
APPENDIX II—*Continued*

LOCATION AND FREQUENCY OF CLINIC SESSIONS AS AT 31st DECEMBER, 1956—*Continued*

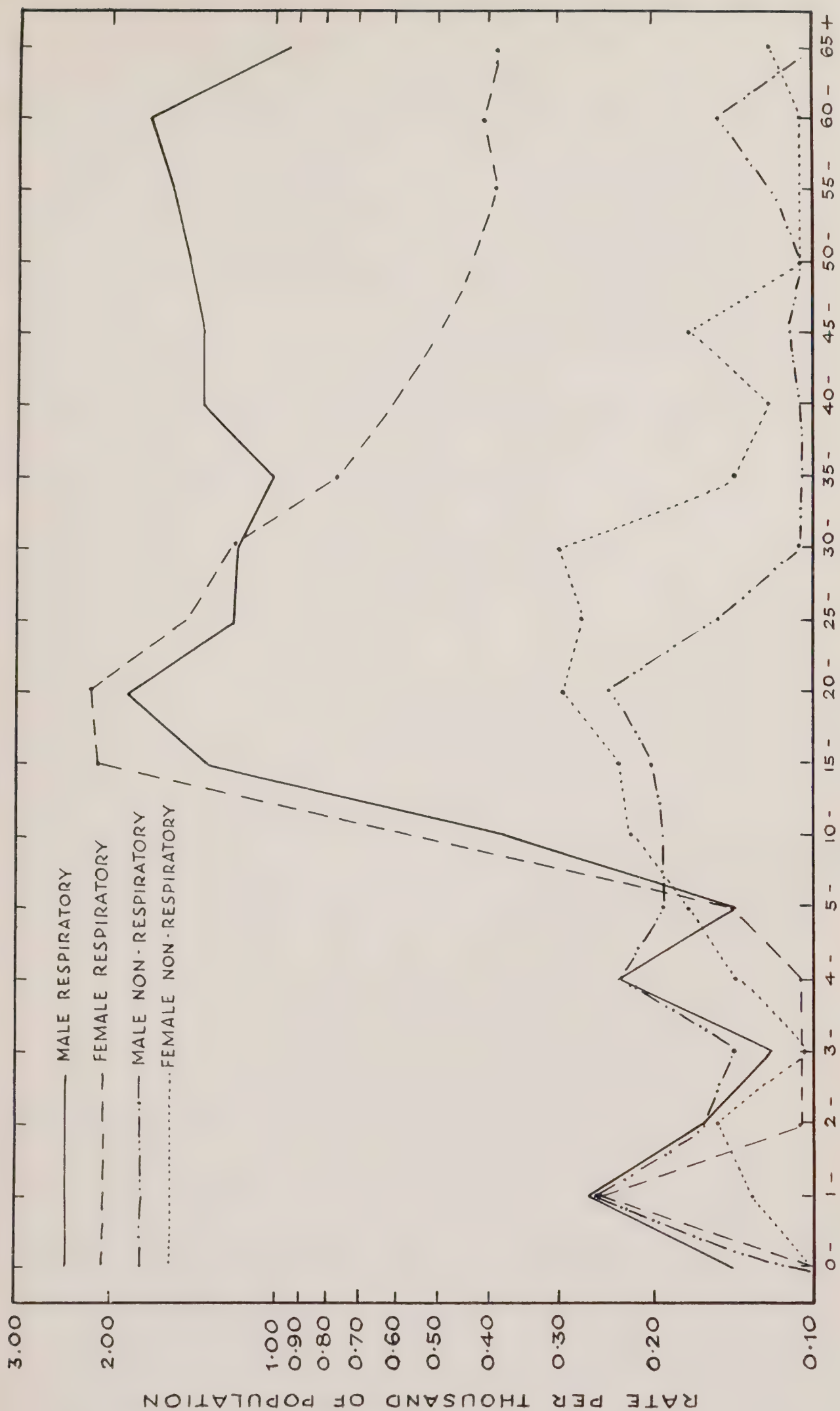
Area	Clinic	Address	Frequency
No. 3 Area	Cookstown Clinic	Dr. Elliott's Surgery, Loy Hill, Cookstown	Monday morning
	Dungannon Clinic	Dungannon Chest Hospital	Tuesday morning, Thursday afternoon and Friday morning
	Enniskillen Chest Clinic	Cornagrade, Enniskillen	Tuesday, Wednesday and Friday mornings
	Omagh Clinic	Tyrone County Hospital	Tuesday afternoon and Wednesday morning
No. 4 Area	Ballycastle Clinic	Dalriada Hospital, Ballycastle	Tuesday afternoon
	Ballymoney Clinic	Route Hospital, Ballymoney	Tuesday morning
	Coleraine Clinic	Hanover Place, Coleraine	Monday afternoon, Tuesday morning, Thursday morning and afternoon
	Limavady Clinic	Roe Valley Hospital, Limavady	Wednesday morning
All Areas	Londonderry Clinic	Londonderry Chest Hospital	Daily except Saturday
	Magherafelt Clinic	Mid-Ulster Hospital, Magherafelt	Wednesday morning and afternoon
	Orthopaedic Clinic	Durham Street, Belfast	Weekly, Friday afternoon (except Friday following second Thursday each month).
			Monthly on the afternoon of second Thursday each month.



GRAPH I. Mortality from all forms of Tuberculosis, 1906-1956, British Isles.



GRAPH II. Average Tuberculosis Death Rate per 100,000 of the population, Northern Ireland, 1954-1956.



GRAPH III. Average Tuberculosis Notification Rate per 1,000 of the population, Northern Ireland, 1954-1956.

SECTION D

DEFINITIONS OF TERMS USED IN THE STATISTICAL TABLES

The classification used in the statistical tables is that recommended by the Ministry of Health in Memorandum 37/T, issued in May, 1947, from which the following abridged definitions have been taken.

I Patients under 15 years of age are classed as children, and those of 15 years and upwards as adults.

II Patients are divided into respiratory and non-respiratory cases, as follows:—

- (i) *A respiratory case* is one in which there is a tuberculous lesion of the lungs, pleura, intrathoracic glands, trachea or larynx.
- (ii) *A non-respiratory case* is one in which a tuberculous lesion is present in one or more parts of the body other than the lungs, pleura, intrathoracic glands, trachea or larynx.

A case in which both respiratory and non-respiratory lesions of clinical significance are present is classified as a respiratory case.

III Patients suffering from any form of tuberculosis are further divided into:

Class A.—Cases in which tubercle bacilli have never been discovered in any exudate, excrement, discharge or tissue.

Class B.—Cases in which tubercle bacilli have been found at any time in any exudate, excrement, discharge or tissue.

A patient originally in Class A (T.B. minus) is transferred to Class B (T.B. plus) at any stage in the course of treatment if and when tubercle bacilli are found, but, for purposes of classification at the time of first observation if tubercle bacilli have not been found in any excreta or discharge prior to or during the first eight weeks of observation or residential treatment, that patient is considered an A case.

IV Respiratory cases in Classes A and B are further sub-divided into three groups as follows:—

Group 1. Cases with slight constitutional disturbance.

Group 3. Cases with profound systemic disturbance or constitutional deterioration, and with marked impairment of function, either local or general.

Group 2. All cases which cannot be placed in Group 1 or 3.

V *Quiescent.* Cases in which the general condition and exercise tolerance are good, having regard to the extent of the lesion ; which show no evidence of toxæmia ; in which no tubercle bacilli have been found on three consecutive monthly examinations by stained film ; and in which changes revealed by other clinical investigations and by serial skiagram point to retrogression of the tuberculous lesion.

VI *Recovered.* Cases in which the state of quiescence has continued uninterruptedly for a period of five years.

The following definitions have been adopted by the Authority:—

Contact. The term “contact” refers to all cases in which there is or has been during the previous twelve months intimate relationship with a case of tuberculosis, whether the contact is referred to the clinic as a new case or as a routine procedure.

Private Patient. A person who is notified to the Authority as a definite case of tuberculosis but who declines to attend a clinic for examination and supervision, is considered to be a “private patient.” In addition, any patient on the Authority’s register who fails to attend the clinic during two consecutive years (at least one appointment being made in each year) is regarded as a “private patient”. Information concerning such patients is collected annually from the family doctor.

Contractions. The following contractions are used in tables:—

M—Males.

F—Females.

C—Children.

—indicates “nil.”

TABLE I

Summary of Tuberculosis Register for the year ended 31st December, 1956

	Area	TUBERCULOSIS		
		Respiratory	Non-respiratory	Total
(a) Number of cases on area registers at 1/1/56:	1A	2,345	208	2,553
	1B	2,325	298	2,623
	1C	2,805	288	3,093
	2	2,361	595	2,956
	3	1,055	207	1,262
	4	1,793	359	2,152
	Total	12,684	1,955	14,639
(b) Number of cases transferred in, cases returned after discharge in previous years and cases transferred from non-respiratory to respiratory during the year:	1A	95	12	107
	1B	147	7	154
	1C	127	15	142
	2	83	9	92
	3	21	4	25
	4	33	4	37
	Total	506	51	557
(c) New cases notified during the year:	1A	195	21	216
	1B	170	43	213
	1C	238	21	259
	2	218	53	271
	3	95	34	129
	4	194	25	219
	Total	1,110	197	1,307
(d) Total additions to register during the year (b) + (c):	1A	290	33	323
	1B	317	50	367
	1C	365	36	401
	2	301	62	363
	3	116	38	154
	4	227	29	256
	Total	1,616	248	1,864
(e) Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases lost sight of or otherwise removed during the year:	1A	153	15	168
	1B	180	26	206
	1C	257	32	289
	2	127	69	196
	3	52	11	63
	4	96	12	108
	Total	865	165	1,030
(f) Deaths during the year:	1A	29	1	30
	1B	33	5	38
	1C	42	1	43
	2	24	2	26
	3	11	—	11
	4	10	2	12
	Total	149	11	160

TABLE I—continued

	Area	TUBERCULOSIS		
		Respiratory	Non-respiratory	Total
(g) Cases recovered during the year:	1A	155	19	174
	1B	150	38	188
	1C	138	24	162
	2	165	33	198
	3	66	14	80
	4	76	10	86
	Total	750	138	888
(h) Total deductions from the registers during the year: (e) + (f) + (g)	1A	337	35	372
	1B	363	69	432
	1C	437	57	494
	2	316	104	420
	3	129	25	154
	4	182	24	206
	Total	1,764	314	2,078
(i) Number of cases on area registers at 31/12/56: (a) + (d) — (h)	1A	2,298	206	2,504
	1B	2,279	279	2,558
	1C	2,733	267	3,000
	2	2,346	553	2,899
	3	1,042	220	1,262
	4	1,838	364	2,202
	Total	12,536	1,889	14,425
(j) Number of private patients:		179	22	201
(k) Total number of cases on Tuberculosis Register at 31/12/56: (i) + (j)		12,715	1,911	14,626

Detailed analysis of that part of the Tuberculosis Register which concerns Private Patients

	Respiratory	Non-respiratory	Total
Number of private patients at 1/1/56:	187	24	211
Additions during 1956:	61	11	72
Cases removed during the year as died, recovered, transferred out, lost sight of or otherwise removed:	69	13	82
Number of private patients as at 31/12/56:	179	22	201

Analysis of cases of respiratory tuberculosis on register at 1st January, 1956, additions to and removals from register during the year and number receiving treatment at 31st. December, 1956

TABLE III

Analysis of cases of non-respiratory tuberculosis on register at 1st January, 1956, additions to and removals from register during the year, and number receiving treatment at 31st December, 1956

Year of Notifi- cation	Sex	UNDER TREATMENT AT 1st JANUARY, 1956					ADDITIONS TO AREA REGISTERS DURING THE YEAR										REMOVALS FROM AREA REGISTERS DURING THE YEAR																		UNDER TREATMENT AT 31st DECEMBER, 1956											
							New Cases Notified					Transfers in, transfers from other areas and return cases					Recovered					Transfers out and transfers to other areas					Transfers to respiratory					Died								Lost sight of or otherwise removed						
		Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdomen	Other Organs	Peripheral Glands	Total										
1956	M	—	—	—	—	—	30	—	20	10	60	—	1	1	—	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	28	1	20	10	59							
	F	—	—	—	—	—	19	1	38	35	93	—	—	1	—	1	—	—	1	—	1	—	—	2	—	—	1	—	3	—	4	—	—	1	2	3	18	1	32	33	84					
	C	—	—	—	—	—	20	1	14	9	44	1	—	1	—	2	—	—	—	—	—	1	—	1	—	2	—	—	1	—	1	—	—	1	1	20	1	13	8	42						
1955	M	18	1	20	5	44	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	2	2	18	1	19	2	40				
	F	18	6	30	31	85	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	3	18	6	29	30	83					
	C	18	5	17	15	55	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1	—	1	—	—	—	—	—	—	—	1	1	2	16	4	16	15	51						
1954	M	29	1	18	10	58	—	—	—	—	—	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	1	4	28	1	18	9	56					
	F	25	8	20	22	75	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	4	5	24	7	20	18	69					
	C	25	8	21	24	78	—	—	—	—	—	—	—	—	—	1	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	1	—	1	3	23	7	20	24	74						
1953	M	30	—	8	3	41	—	—	—	—	—	2	—	1	—	3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	—	1	30	—	8	3	41					
	F	23	10	16	21	67	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	3	20	9	15	20	64						
	C	20	9	13	21	63	—	—	—	—	—	1	1	2	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	4	20	9	12	21	62					
Prior to 1953	M	257	34	64	36	391	—	—	—	—	—	1	3	1	—	5	18	4	9	3	34	1	—	1	—	2	1	2	—	—	3	2	—	1	—	3	7	5	8	11	31	229	26	46	22	323
	F	246	61	62	110	479	—	—	—	—	—	7	1	5	11	24	24	6	7	18	55	—	3	2	2	7	1	—	1	3	5	—	—	—	7	9	9	9	34	221	44	48	89	402		
	C	251	87	36	145	519	—	—	—	—	—	—	4	—	—	4	15	11	3	20	49	1	—	1	1	3	—	—	—	1	—	—	—	6	10	2	13	31	229	70	30	110	439			
Total	M	334	36	110	54	534	30	—	20	10	60	5	4	3	—	12	18	4	9	3	34	1	—	2	1	4	3	2	1	—	6	3	—	2	—	5	11	5	8	14	38	333	29	111	46	519
	F	309	85	128	184	706	19	1	38	35	93	8	1	7	12	28	24	6	7	18	55	—	4	3	2	9	1	—	3	4	8	1	—	4	—	5	9	10	12	17	48	301	67	144	190	702
	C	314	109	87	205	715	20	1	14	9	44	2	5	3	1	11	15	11	3	20	49	4	1	2	1	8	—	—	2	1	3	—	—	1	9	12	5	15	41	308	91	91	178	668		
GRAND TOTAL		957	230	325	443	1,955	69	2	72	54	197	15	10	13	13	51	57	21	19	41	138	5	5	7	4	21	4	2	6	5	17	4	—	7	—	11	29	27	25	46	127	942	187	346	414	1,889

TALBE IV

*Comparative analysis of number of patients on the Tuberculosis Register
at 31st December each year for the years 1952–1956*

Date	TUBERCULOSIS		
	Respiratory	Non-respiratory	Total
31/12/52	12,869	1,969	14,838
31/12/53	13,045	2,032	15,077
31/12/54	13,080	1,980	15,060
31/12/55	12,871	1,979	14,850
31/12/56	12,715	1,911	14,626

TABLE V

*Number of cases of tuberculosis notified during the year 1956
analysed by sex and age groups*

Age Groups	TUBERCULOSIS						Grand Total
	Respiratory		Non-respiratory		Total		
	M	F	M	F	M	F	
0—(Months)	—	—	—	—	—	—	—
3—	—	1	—	—	—	1	1
6—	—	—	—	—	—	—	—
9—	1	—	—	—	1	—	1
1—(Years)	1	—	2	—	3	—	3
2—	1	1	2	1	3	2	5
3—	1	2	2	—	3	2	5
4—	—	—	2	—	2	—	2
5—	7	10	9	7	16	17	33
10—	16	32	9	10	25	42	67
15—	55	116	8	7	63	123	186
20—	79	89	10	13	89	102	191
25—	50	61	6	15	56	76	132
30—	48	48	4	14	52	62	114
35—	40	36	4	9	44	45	89
40—	52	28	4	8	56	36	92
45—	46	19	5	7	51	26	77
50—	48	22	3	5	51	27	78
55—	47	8	3	4	50	12	62
60—	37	11	8	2	45	13	58
65+	57	38	4	6	61	44	105
Not stated	1	1	1	3	2	4	6
TOTAL	587	523	86	111	673	634	1,307

TABLE VI

*Average tuberculosis notification rate per 1,000 of the population
for the years 1954–1956*

Age Groups			TUBERCULOSIS						Grand Total
			Respiratory		Non-respiratory		Total		
			M	F	M	F	M	F	
Under	1	.....	0·14	0·08	0·10	0·05	0·24	0·13	0·19
	1—	.....	0·26	0·25	0·26	0·13	0·53	0·38	0·45
	2—	.....	0·16	0·10	0·16	0·15	0·33	0·25	0·29
	3—	.....	0·12	0·10	0·14	0·07	0·26	0·17	0·21
	4—	.....	0·23	0·07	0·23	0·14	0·46	0·21	0·34
	5—	.....	0·14	0·14	0·19	0·17	0·32	0·32	0·32
	10—	.....	0·37	0·56	0·19	0·22	0·57	0·78	0·67
	15—	.....	1·32	2·12	0·20	0·23	1·52	2·35	1·92
	20—	.....	1·88	2·22	0·24	0·29	2·12	2·51	2·32
	25—	.....	1·19	1·46	0·15	0·27	1·34	1·73	1·54
	30—	.....	1·17	1·20	0·10	0·30	1·27	1·50	1·38
	35—	.....	0·97	0·76	0·07	0·14	1·03	0·90	0·96
	40—	.....	1·35	0·61	0·10	0·12	1·46	0·72	1·08
	45—	.....	1·35	0·50	0·11	0·17	1·46	0·67	1·05
	50—	.....	1·43	0·43	0·07	0·10	1·51	0·53	0·99
55—	.....	1·54	0·39	0·12	0·10	1·66	0·49	1·03	
60—	.....	1·71	0·41	0·15	0·08	1·86	0·49	1·10	
65+	.....	0·93	0·39	0·05	0·12	0·99	0·51	0·72	

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Final Report (Ages).

TABLE VII

Number of cases of tuberculosis notified during the year 1956 analysed by areas, classification and sex with corresponding rates per 1,000 of the population in italics.

AREA	TUBERCULOSIS						Grand Total
	Respiratory		Non-respiratory		Total		
	M	F	M	F	M	F	
Belfast County Borough	217 <i>1.04</i>	205 <i>0.88</i>	21 <i>0.10</i>	27 <i>0.11</i>	238 <i>1.14</i>	232 <i>0.99</i>	470 <i>1.06</i>
Londonderry Co. Borough	34 <i>1.46</i>	46 <i>1.72</i>	5 <i>0.21</i>	5 <i>0.18</i>	39 <i>1.67</i>	51 <i>1.90</i>	90 <i>1.80</i>
County Antrim	95 <i>0.84</i>	72 <i>0.61</i>	16 <i>0.14</i>	22 <i>0.18</i>	111 <i>0.98</i>	94 <i>0.79</i>	205 <i>0.89</i>
County Armagh	35 <i>0.62</i>	30 <i>0.52</i>	9 <i>0.16</i>	10 <i>0.17</i>	44 <i>0.78</i>	40 <i>0.69</i>	84 <i>0.74</i>
County Down	109 <i>0.93</i>	79 <i>0.64</i>	17 <i>0.14</i>	16 <i>0.13</i>	126 <i>1.07</i>	95 <i>0.77</i>	221 <i>0.92</i>
Co. Fermanagh	24 <i>0.87</i>	16 <i>0.63</i>	10 <i>0.36</i>	13 <i>0.51</i>	34 <i>1.23</i>	29 <i>1.14</i>	63 <i>1.19</i>
Co. Londonderry (excluding Co. Borough)	38 <i>0.71</i>	39 <i>0.75</i>	5 <i>0.09</i>	6 <i>0.11</i>	43 <i>0.80</i>	45 <i>0.86</i>	88 <i>0.83</i>
County Tyrone	35 <i>0.52</i>	34 <i>0.53</i>	3 <i>0.04</i>	12 <i>0.18</i>	38 <i>0.56</i>	46 <i>0.71</i>	84 <i>0.64</i>
Total for N. Ireland	587 <i>0.88</i>	521 <i>0.74</i>	86 <i>0.13</i>	111 <i>0.16</i>	673 <i>1.01</i>	632 <i>0.90</i>	1,305 <i>0.95</i>
Home address outside N. Ireland	—	2	—	—	—	2	2
Total new cases notified	587	523	86	111	673	634	1,307

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Final Report.

TABLE VIII

Number of cases of tuberculosis notified in the County Borough of Belfast during 1956 analysed by wards, classification and sex with corresponding rates per 1,000 of the population in italics.

WARD	TUBERCULOSIS						Grand Total
	Respiratory		Non-respiratory		Total		
	M	F	M	F	M	F	
Clifton	28 1·16	19 0·69	4 0·17	6 0·22	32 1·33	25 0·91	57 1·11
Court	11 1·32	6 0·70	3 0·36	2 0·23	14 1·68	8 0·93	22 1·30
Cromac	14 1·28	14 1·13	1 0·09	— —	15 1·37	14 1·13	29 1·27
Dock	6 0·86	3 0·39	3 0·43	— —	9 1·29	3 0·39	12 0·82
Duncairn	10 0·57	13 0·69	1 0·06	1 0·05	11 0·63	14 0·74	25 0·69
Falls	23 1·48	24 1·36	1 0·06	2 0·11	24 1·54	26 1·47	50 1·51
Ormeau	21 1·00	13 0·54	2 0·10	5 0·21	23 1·10	18 0·75	41 0·91
Pottinger	24 1·10	19 0·79	1 0·04	1 0·04	25 1·14	20 0·83	45 0·98
St. Anne's	15 1·01	16 1·00	2 0·14	— —	17 1·15	16 1·00	33 1·07
St. George's	9 1·29	11 1·39	1 0·14	1 0·13	10 1·43	12 1·52	22 1·48
Shankill	12 0·80	11 0·67	1 0·06	1 0·06	13 0·86	12 0·73	25 0·79
Smithfield	4 0·80	12 2·18	— —	— —	4 0·80	12 2·18	16 1·52
Victoria	18 0·99	20 1·06	— —	6 0·32	18 0·99	26 1·38	44 1·19
Windsor	11 0·93	7 0·46	— —	— —	11 0·93	7 0·46	18 0·67
Woodvale	11 0·90	17 1·29	1 0·08	2 0·15	12 0·98	19 1·44	31 1·22
TOTAL	217 1·04	205 0·88	21 0·10	27 0·11	238 1·14	232 0·99	470 1·06

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Final Report.

TABLE IX

Number of persons examined at Chest Clinics during the year 1956 analysed by area, classification and sex

AREA	Attendance of Old Patients														Cases examined for the first time														Total Clinic Attendances	Domiciliary Consultations		
	Re-examinations								Patients diagnosed tuberculous on re-examination		Attendance for other purposes		Grand Total		Non-contacts								Contacts									
	Tuberculous		Non-Tuberculous		Observation		Total								Tuberculous		Non-tuberculous		Observation		Total		Tuberculous		Non-tuberculous		Observation				Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
1A	1,652	1,712	1,527	1,909	872	863	4,051	4,484	54	50	811	884	4,916	5,418	43	33	246	316	361	261	650	610	1	1	349	408	35	24	385	433	12,412	12
1B	2,262	2,295	1,603	1,852	1,041	983	4,906	5,130	35	37	108	122	5,049	5,289	47	43	815	961	272	264	1,134	1,268	3	—	332	449	20	27	355	476	13,571	55
1C	1,975	1,963	1,200	1,448	865	894	4,040	4,305	21	34	372	367	4,433	4,706	88	85	338	485	460	382	886	952	—	7	432	620	40	25	472	652	12,101	39
2	2,094	2,428	94	118	1,545	1,619	3,733	4,165	45	43	10	47	3,788	4,255	88	57	1,130	1,595	446	421	1,664	2,073	5	5	248	347	111	122	364	474	12,618	19
3	910	871	569	616	173	219	1,652	1,706	28	20	44	41	1,724	1,767	26	35	859	940	78	53	963	1,028	1	—	225	254	6	13	232	267	5,981	20
4	1,826	2,203	1,778	2,190	1,071	1,143	4,675	5,536	39	32	30	78	4,744	5,646	39	42	1,197	1,733	208	231	1,444	2,006	3	5	252	353	15	13	270	371	14,481	38
Orthopaedic	166	177	—	—	2	1	168	178	—	—	—	2	168	180	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	348	—
TOTAL	10,885	11,649	6,771	8,133	5,569	5,722	23,225	25,504	222	216	1,375	1,541	24,822	27,261	331	295	4,585	6,030	1,825	1,612	6,741	7,937	13	18	1,838	2,431	227	224	2,078	2,673	71,512	183
	22,534		14,904		11,291		48,729		438		2,916		52,083		626		10,615		3,437		14,678		31		4,269		451		4,751			

NOTE:—The difference between the total number of new cases found on examination (1,095) and the total new cases notified (1,307 Table V) consists of posthumous notifications (25), emergency admissions to hospital (67), orthopaedic cases not examined at N.I.T.A. clinics (63), private patients (8), patients attending Forster Green Hospital Clinic (7) and domiciliary consultations (42)—Total 212. The above table does not include 3,754 attendances for BCG purposes.

TABLE X
Analysis of New Contacts examined during the year 1956 with comparative figures for the years 1952-1955

YEAR	Total number of contacts examined			Number of contacts found tuberculous			Percentage tuberculous		
	M	F	Total	M	F	Total	M	F	Total
1952	3,159	3,897	7,056	92	100	192	2.9	2.6	2.7
1953	2,693	3,228	5,921	71	90	161	2.6	2.8	2.7
1954	2,888	3,325	6,213	43	49	92	1.5	1.5	1.5
1955	2,460	2,951	5,411	28	36	64	1.1	1.2	1.2
1956	2,078	2,673	4,751	13	18	31	0.6	0.7	0.7

TABLE XI

Summary of position after a period of six months in regard to the examination of contacts of new cases notified from January till September in the years 1954-1956

(a) 1954

Area	Number of cases notified	Number not visited for special reasons	Number for whom information was not received	Number followed up for contacts	Total number of contacts				Number examined after 6 months				Number outstanding after 6 months				Percentage outstanding
					M	F	C	Total	M	F	C	Total	M	F	C	Total	
1A	242	6	—	236	308	353	327	988	218	268	303	789	90	85	24	199	20.14
1B	192	6	—	186	226	235	277	738	199	207	265	671	27	28	12	67	9.08
1C	290	10	—	280	341	396	415	1,152	254	316	400	970	87	80	15	182	15.80
2	256	7	1	248	289	343	391	1,023	210	274	386	870	79	69	5	153	14.96
3	128	6	—	122	168	163	223	554	127	127	196	450	41	36	27	104	18.77
4	241	7	1	233	320	342	558	1,220	244	270	541	1,055	76	72	17	165	13.52
Total	1,349	42	2	1,305	1,652	1,832	2,191	5,675	1,252	1,462	2,091	4,805	400	370	100	870	15.33

(b) 1955

1A	161	1	1	159	175	237	174	586	134	201	165	500	41	36	9	86	14.68
1B	161	4	—	157	187	215	215	617	150	187	205	542	37	28	10	75	12.16
1C	217	12	—	205	260	284	279	823	210	226	270	706	50	58	9	117	14.22
2	216	8	1	207	277	279	304	860	224	242	299	765	53	37	5	95	11.05
3	109	7	1	101	140	144	200	484	109	119	184	412	31	25	16	72	14.88
4	166	—	—	166	229	264	280	773	166	216	260	642	63	48	20	131	16.95
Total	1,030	32	3	995	1,268	1,423	1,452	4,143	993	1,191	1,383	3,567	275	232	69	576	13.90

(c) 1956

1A	171	4	1	166	200	241	169	610	166	203	159	528	34	38	10	82	13.44
1B	166	4	1	161	201	248	219	668	168	213	213	594	33	35	6	74	11.08
1C	191	11	—	180	213	246	237	696	178	206	232	616	35	40	5	80	11.49
2	203	9	—	194	206	235	264	705	181	204	249	634	25	31	15	71	10.07
3	106	3	2	101	139	141	196	476	120	129	196	445	19	12	—	31	6.51
4	144	1	1	142	199	219	188	606	172	194	186	552	27	25	2	54	8.91
Total	981	32	5	944	1,158	1,330	1,273	3,761	985	1,149	1,235	3,369	173	181	38	392	10.42

TABLE XII

Number of X-ray examinations carried out at Chest Clinics during the year 1956, analysed by areas

Area	Number of X-ray examinations
1A	12,330
1B	14,473
1C	12,186
2	13,041
3	7,109
4	16,812
Total	75,951

TABLE XIII

Comparative analysis of the number of X-ray examinations carried out at Chest Clinics during the years 1952–1956

Year	Total number of X-ray examinations
1952	55,873
1953	57,786
1954	62,388
1955	74,847
1956	75,951
Total for 5 years 1952–1956	326,845

TABLE XIV

A.P. and P.P. treatment carried out at Chest Clinics during the year 1956 analysed by areas

Treatment	AREAS						Total
	1A	1B	1C	2	3	4	
A.P. Refills	214	679	360	511	1,112	383	3,259
P.P. Refills	149	946	42	631	298	529	2,595
Number of patients receiving A.P. or P.P. treatment at end of year	6	34	6	24	42	73	185

TABLE XV

Comparative analysis of the number of patients receiving A.P. or P.P. treatment at Chest Clinics at the end of each year for the years 1952-1956

Year	AREAS						Total
	1A	1B	1C	2	3	4	
1952	53	64	30	66	80	108	401
1953	71	75	21	77	79	137	460
1954	48	76	25	74	100	112	435
1955	15	59	14	45	66	116	315
1956	6	34	6	24	42	73	185

TABLE XVI (a)

Number of visits made by Health Visitors during the year 1956 analysed by areas with corresponding figures for the year 1955

Area	TYPE OF VISIT										Total
	New cases	Contacts	Tuberculin testing	BCG	Non-respiratory cases	Observation cases	Monthly	Quarterly	Yearly	Other	
1A	206	380	55	69	155	260	1,960	3,296	988	3,175	10,544
1B	225	583	576	249	251	191	2,808	7,675	847	1,595	15,000
1C	287	540	60	309	109	228	4,672	6,712	140	2,541	15,598
2	349	852	1,001	418	504	488	3,616	1,962	550	1,657	11,357
3	103	209	553	17	284	121	1,348	1,165	345	867	5,012
4	208	905	1,403	42	100	95	2,485	1,925	243	1,222	8,628
Total for 1956	1,378	3,469	3,648	1,104	1,403	1,383	16,889	22,735	3,113	11,057	66,179
Total for 1955	1,600	3,651	3,200	2,177	1,349	1,602	17,366	21,219	3,045	12,859	68,068

NOTE:—PAS Attendances, listed under a separate heading in 1955, have now been included in "other".

TABLE XVI (b)
Percentage analysis of visits made by Health Visitors during the year 1956 with corresponding figures for the year 1955

Area	TYPE OF VISIT										Total
	New cases	Contacts	Tuberculin testing	BCG	Non-respiratory cases	Observation cases	Monthly	Quarterly	Yearly	Other	
1A	1.95	3.61	0.52	0.65	1.47	2.47	18.59	31.26	9.37	30.11	100.00
1B	1.50	3.89	3.84	1.66	1.67	1.27	18.72	51.17	5.65	10.63	100.00
1C	1.84	3.46	0.39	1.98	0.70	1.46	29.95	43.03	0.90	16.29	100.00
2	3.06	7.48	8.78	3.67	4.42	4.28	31.73	17.21	4.83	14.54	100.00
3	2.06	4.17	11.03	0.34	5.67	2.41	26.90	23.24	6.88	17.30	100.00
4	2.41	10.49	16.26	0.49	1.16	1.10	28.80	22.31	2.82	14.16	100.00
1956	2.08	5.24	5.51	1.67	2.12	2.09	25.52	34.36	4.70	16.71	100.00
1955	2.35	5.36	4.70	3.20	1.98	2.36	25.51	31.17	4.47	18.90	100.00

TABLE XVII

Comparative analysis of the number of visits made by Health Visitors during the years 1952-1956

Year	Total number of visits
1952	60,147
1953	66,277
1954	65,328
1955	68,068
1956	66,179
Total for five years 1952-1956	325,999
Average for five years 1952-1956	65,200

TABLE XVIII

Comparative analysis of the number of patients supplied with Home Helps during the years 1952-1956

Year	AREA								Total
	Belfast Co. Boro'	London-derry Co. Boro'	Antrim County	Armagh County	Down County	Fermanagh County	London-derry County	Tyrone County	
1952	108	27	26	7	36	2	10	4	220
1953	135	22	40	13	37	4	10	4	265
1954	121	29	42	13	33	7	12	10	237
1955	129	27	47	9	36	4	13	7	272
1956	116	18	51	13	31	2	7	7	245

TABLE XIX

Comparative analysis of the number of Home Helps in employment at 31st December each year for the years 1952-1956

Year	AREA								Total
	Belfast Co. Boro'	London-derry Co. Boro'	Antrim County	Armagh County	Down County	Fermanagh County	London-derry County	Tyrone County	
31/12/52	56	11	16	5	17	2	5	1	113
31/12/53	72	14	23	8	16	2	6	2	143
31/12/54	63	14	24	5	17	1	7	2	133
31/12/55	51	16	26	4	18	1	3	4	123
31/12/56	64	6	25	6	10	2	4	3	120

TABLE XX

Analysis of Home Helps supplied during 1956 according to category of patient

Area	Number of Home Helps supplied to			Total
	Patients on waiting list	Patients discharged from hospital	Others	
Belfast County Borough	15	53	48	116
L'derry County Borough	2	6	10	18
Antrim County	4	19	28	51
Armagh County	4	4	5	13
Down County	6	10	15	31
Fermanagh County	—	1	1	2
Londonderry County	—	3	4	7
Tyrone County	—	3	4	7
TOTAL	31	99	115	245

TABLE XXI

Analysis of the number of Home Helps terminated during 1956 showing the average length of stay

Area	Number terminated	Total length of stay (in weeks)	Average length of stay (in weeks)
Belfast County Borough	52	1,986	38·2
L'derry County Borough	12	837	69·7
Antrim County	26	1,377	52·9
Armagh County	7	175	25·0
Down County	21	1,121	53·4
Fermanagh County	—	—	—
Londonderry County	3	60	20·0
Tyrone County	4	136	34·0
TOTAL	125	5,692	45·5

TABLE XXII

Number of patients in receipt of Free Milk at 31st December, 1956, analysed by areas

Area	Number of patients in receipt of free milk at 31/12/56
1A	85
1B	239
1C	414
2	218
3	160
4	100
TOTAL	1,216

TABLE XXIII

*Comparative analysis of the number of patients in receipt of Free Milk at 31st December
each year for the years 1952-1956*

Date	Number of patients in receipt of free milk
31/12/52	1,993
31/12/53	1,390
31/12/54	1,398
31/12/55	1,391
31/12/56	1,216

TABLE XXIV

Number of patients in receipt of Bed and Bedding at 31st December, 1956, analysed by areas

Area	Number of patients in receipt of bed and bedding at 31/12/56
1A	135
1B	90
1C	149
2	150
3	71
4	70
TOTAL	665

TABLE XXV

Analysis of issues made under the Bed and Bedding scheme during the year 1956

Items	AREA						Total
	1A	1B	1C	2	3	4	
Beds	9	7	11	12	8	4	51
Mattresses	12	8	13	13	7	4	57
Mattress covers	12	8	14	12	6	4	56
Pillows	10	2	12	—	9	—	33
Pillow cases	17	8	14	4	10	2	55
Sheets	36	28	36	33	23	10	166
Blankets	67	46	60	56	44	20	293
Rubber sheets	—	1	1	—	—	—	2
Cots	—	1	1	—	—	—	2
Cot mattresses	—	1	1	—	—	—	2
Dunlopillo mattresses	2	—	1	—	—	—	3
Fracture boards	—	1	—	—	—	—	1

TABLE XXVI

Comparative analysis of the number of patients in receipt of Bed and Bedding at 31st December each year for the years 1952–1956

Date	Number of patients in receipt of bed and bedding
31/12/52	1,024
31/12/53	1,023
31/12/54	921
31/12/55	764
31/12/56	665

TABLE XXVII

Number of patients in receipt of Chalets at 31st December, 1956. analysed by areas

Area	Number of patients in receipt of chalets at 31/12/56
1A	6
1B	9
1C	2
2	19
3	13
4	14
TOTAL	63

TABLE XXVIII

Comparative analysis of the number of patients in receipt of Chalets at 31st December each year for the years 1952–1956

Date	Number of patients in receipt of chalets
31/12/52	102
31/12/53	103
31/12/54	87
31/12/55	74
31/12/56	63

TABLE XXIX

Analysis of the number of patients in hospital at 1st January, 1956, the number of admissions, discharges and deaths during the year and the number of patients in hospital at 31st December, 1956

Name of hospital	Number of patients			
	In hospital 1/1/56	Admitted during 1956	Discharged during 1956	Died during 1956
Armagh Chest Hospital	31	59	64	1
*Belfast City Hospital	43	142	130	10
Crawfordsburn Hospital	95	124	140	—
Downpatrick Chest Hospital	46	83	75	3
Dungannon Chest Hospital	67	128	149	4
*Forster Green Hospital	187	248	255	7
Killadeas Hospital	29	98	100	2
Londonderry Chest Hospital	180	340	314	8
*Musgrave Park Hospital (Respiratory Section)	265	460	466	21
The Orthopaedic Hospital, Greenisland	80	61	73	—
Whiteabbey Hospital	340	444	445	23
TOTAL	1,363	2,187	2,216	79
				1,255

In addition there were 6 patients admitted to Musgrave Park Hospital and 1 to Dungannon Chest Hospital who were discharged within 28 days of admission.

*Indicates hospitals administered by the Northern Ireland Hospitals Authority. The above figures of admissions etc., will also be shown in the report of that Authority.

TABLE XXX

Analysis of the immediate results of treatment of all suspected and definitely tuberculous patients treated to a conclusion during the year 1956 in Armagh Chest Hospital, Belfast City Hospital, Crawfordsburn Hospital, Dungannon Chest Hospital, Downpatrick Chest Hospital, Forster Green Hospital, Killadeas Hospital, Londonderry Chest Hospital, Musgrave Park Hospital (Respiratory Section), the Orthopaedic Hospital, Greenisland, and Whiteabbey Hospital.

Classification on admission	Condition at time of discharge	DURATION OF RESIDENTIAL TREATMENT												Grand Total						
		Under 1 month		1-3 months		3-6 months		6-12 months		More than 12 months		Totals								
		M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch							
	Observation	24	11	6	24	15	11	11	7	22	12	2	46	—	—	35	71	35	120	226
OBSERVATION	Non-Tub.	35	17	4	28	11	9	7	3	2	4	3	—	—	—	—	74	34	15	123
		12	2	—	2	1	—	2	—	—	—	—	—	—	—	—	16	3	—	19
	Tub.	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	1	2	—	3
		—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	(Observation)	71	30	10	54	27	20	20	10	24	18	6	46	—	1	35	163	74	135	372
CLASS A Group 1	Quiescent	—	—	—	11	6	—	19	23	2	30	32	18	3	7	4	63	68	24	155
	Not Quiescent	4	5	1	12	5	—	17	9	2	4	8	3	2	3	1	39	30	7	76
	Died in hospital	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	—	2
CLASS A Group 2	Quiescent	—	—	—	4	5	—	14	5	2	23	20	4	11	17	3	52	47	9	108
	Not Quiescent	3	4	—	8	15	1	16	6	—	14	6	1	1	6	—	42	37	2	81
	Died in hospital	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	2
CLASS A Group 3	Quiescent	—	—	—	2	1	—	3	3	—	2	6	—	5	2	7	12	12	7	31
	Not Quiescent	1	2	2	4	3	—	2	2	—	6	2	1	—	1	—	13	10	3	26
	Died in hospital	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	3

Respiratory Tuberculosis	CLASS B Group 1	Quiescent Not Quiescent Died in hospital	— 1 — 3 2 — — — —	3 3 — 10 5 — 1 — —	9 9 — 18 10 — — — —	24 38 7 12 2 — — — —	8 13 2 2 3 — — — —	44 64 10 45 22 — 1 — —	118 67 1
	CLASS B Group 2	Quiescent Not Quiescent Died in hospital	3 1 — 17 19 — 3 2 —	13 9 — 49 22 — 4 — —	39 26 1 62 27 1 — 1 —	93 68 5 60 36 3 2 1 —	57 40 5 25 22 1 3 — —	205 144 11 213 126 5 12 4 —	360 344 16
	CLASS B Group 3	Quiescent Not Quiescent Died in hospital	3 3 — 12 3 1 6 7 —	6 5 — 28 17 — 4 1 —	14 10 1 47 16 1 1 3 —	20 11 — 43 17 — 2 2 —	36 18 1 48 19 1 4 5 —	79 47 2 178 72 3 17 18 —	128 253 35
	TOTALS	(Respiratory)	58 50 4	160 98 1	261 150 11	335 250 42	205 156 25	1019 704 83	1,806
Non-respiratory Tuberculosis	Bones and Joints	Quiescent Not Quiescent Died in hospital	— — — 1 1 1 — — —	— — — 5 — — — — —	1 1 — 1 — 1 — — —	— — 4 1 — 10 — — —	1 1 12 — 2 24 — — —	2 2 16 8 3 36 — — —	20 47 —
	Abdominal	Quiescent Not Quiescent Died in hospital	— — — — — — — — —	1 — 1 — 2 — — — —	1 — — — 1 — — — —	— 1 — — — — — — —	— — — — — 1 — — —	2 1 1 — 3 1 — — —	4 4 —
	Other Organs	Quiescent Not Quiescent Died in hospital	— — — — — 1 — — 1	1 — — 3 2 1 — — —	2 2 — — 1 — — — —	4 1 6 1 — — — — —	2 1 1 — — — — — —	9 4 7 4 3 2 — — 1	20 9 1
	Peripheral Glands	Quiescent Not Quiescent Died in hospital	— — — — — 1 — — —	— 2 — 1 3 — — — —	— 3 1 — — — — — —	— — — — — — — — —	— — — — — — — — —	— 5 2 1 3 1 — — —	7 5 —
	TOTALS	(Non-respiratory)	1 1 4	11 9 2	5 8 2	6 2 20	3 4 39	26 24 67	117

TABLE XXXI

Analysis of average length of stay of patients in hospital who were treated to a conclusion during the year 1956

Name of hospital	Total bed days of patients treated to a conclusion during 1956	Number of patients discharged during 1956	Number of deaths in hospital during 1956	Average length of stay in hospital (in days)
Armagh Chest Hospital	10,624	64	1	163·29
Belfast City Hospital	16,102	130	10	115·01
Crawfordsburn Hospital	37,777	140	—	269·84
Downpatrick Chest Hospital	19,542	75	3	250·54
Dungannon Chest Hospital	24,880	149	4	162·61
Forster Green Hospital	69,049	255	7	263·55
Killadeas Hospital	12,315	100	2	120·74
Londonderry Chest Hospital	70,490	314	8	218·91
Musgrave Park Hospital :				
Respiratory	111,479	396	14	271·90
Non-respiratory	745	7	—	106·43
Observation	4,393	63	7	62·76
The Orthopaedic Hospital	65,899	78	—	844·86
Whiteabbey Hospital :				
Respiratory	124,863	381	18	312·94
Non-respiratory	5,272	21	1	239·64
Observation	4,166	43	4	88·64

Average length of stay :—Respiratory case 240·04
 Non-respiratory case 672·11
 Observation case 73·15

TABLE XXXII

Analysis of X-ray examinations carried out on patients in hospital during the year 1956

X-ray examination	Armagh Chest Hospital	Crawfords- burn Hospital	Down- patrick Chest Hospital	Dun- gannon Chest Hospital	Killadeas Hospital	Musgrave Park Hospital	The Ortho- paedic Hospital	London- derry Chest Hospital	White- abbey Hospital	Total
Abdominal	2	11	—	—	—	19	—	15	34	81
Barium examination	2	2	2	—	1	34	—	—	18	59
Bronchograms	3	—	—	1	—	16	—	2	71	93
Cholecystograms	—	—	—	—	—	3	—	—	—	3
Dental	—	—	—	—	—	15	—	—	2	17
Intravenous Pyelograms	—	—	—	—	—	9	—	—	30	39
Pelvis	—	—	—	—	—	8	—	—	2	10
Portable	—	—	—	—	—	—	—	—	406	419
Pulmonary	221	1,644	163	447	392	2,046	122	13	3,063	10,232
Retrograde Pyelograms	—	—	—	—	—	3	—	—	—	3
Sinograms	—	—	—	—	—	15	—	—	24	39
Skeletal	8	13	3	—	2	102	660	46	190	1,024
Skull	2	2	—	—	—	4	—	3	8	19
Tomographic	116	—	—	274	—	722	—	427	2,612	3,877
Other	—	—	1	—	—	1	—	—	466	468

TABLE XXXIII

Summary of surgical treatment carried out on patients in hospital during the year 1956

Surgical treatment	Armagh Chest Hospital	Dungannon Chest Hospital	Killadeas Hospital	Musgrave Park Hospital	London- derry Chest Hospital	Whiteabbey Hospital	Total
A.P. Inductions (successful)	—	2	5	—	1	—	8
A.P. Inductions (unsuccessful)	—	2	2	—	—	—	4
A.P. Refills	—	140	153	—	32	22	347
P.P. Refills	170	26	57	58	477	222	1,010
P.P. Inductions	6	—	7	—	3	15	31
Aspiration of tuberculous glands	6	—	9	—	—	—	15
Bronchogram	3	4	2	17	—	13	39
Bronchoscopy	—	6	—	98	29	130	263
Chest Aspirations	1	1	15	—	31	84	132
Decortication	—	—	—	1	—	2	3
Lobectomy	—	—	—	38	—	33	71
Phrenic Nerve operation	—	—	—	—	9	2	11
Plombage operation	—	—	—	5	—	2	7
Pneumonectomy	—	—	—	11	—	9	20
Pneumonolysis	—	6	—	—	1	—	7
Resection : Rib	—	—	—	6	—	—	6
Segmental Wedge	—	—	—	13	—	28	41
Thoracoplasty	—	—	—	1	—	10	11
Thoracoscopy	—	—	—	46	—	82	128
Thoracotomy	—	—	—	—	—	1	1
Other Surgery	2	—	—	7	—	2	9
				33	2	18	55

TABLE XXXIV

Composite Waiting List for year 1956

Total number on waiting list at 1st January, 1956	.....	.....	106
Add: New cases placed on waiting list	.....	.....	692
			798
Deduct: Cases admitted to hospital	.....	.....	666
Deaths of patients on waiting list	.....	.....	2
Patients refusing hospital treatment	.....	.....	76
Cases removed for other reasons	.....	.....	28
			772
Total number on waiting list at 31st December, 1956	.....	.....	26

TABLE XXXV

Comparative analysis of the number of patients on Waiting List at 31st December each year for the years 1952-1956

Date	Number on waiting list
31/12/52	225
31/12/53	183
31/12/54	206
31/12/55	106
31/12/56	26

TABLE XXXVI

Analysis of reasons for refusing hospital treatment for the years 1954–1956, with corresponding percentages

Reason given	Number refusing hospital treatment			Percentage		
	1954	1955	1956	1954	1955	1956
Patient prefers to rest at home	26	3	3	29·55	3·85	3·95
Patient refuses to co-operate	47	50	57	53·41	64·10	75·00
Domestic difficulties	4	1	3	4·54	1·28	3·95
Parents refuse	8	7	3	9·09	8·97	3·95
Other reasons	2	17	10	2·27	21·80	13·15
No reason given	1	—	—	1·14	—	—
TOTAL	88	78	76	100·00	100·00	100·00

TABLE XXXVII

Analysis of patients removed from Waiting List for reasons other than refusal during the years 1954–1956 with corresponding percentages

Reason for removal	Number removed			Percentage		
	1954	1955	1956	1954	1955	1956
Improvement in condition	58	54	13	73·42	71·05	46·43
Transfer to other area	8	4	6	10·13	5·26	21·43
Condition deteriorated	1	1	—	1·26	1·32	—
Other reasons (various)	12	17	9	15·19	22·37	32·14
TOTAL	79	76	28	100·00	100·00	100·00

TABLE XXXVIII

Distribution, according to agencies, of persons vaccinated with BCG, persons not vaccinated and positive reactors during the year 1956

Agencies	Number of candidates	Number of reactors	Number refusing vaccination	Number lost sight of	Number vaccinated	Percentage vaccinated
Antrim County Health Committee	5,329	841	—	1	4,487	84.20
Armagh County Health Committee	1,302	59	—	—	1,243	95.47
Belfast County Borough Health Committee	6,119	1,527	—	1	4,591	75.03
Down County Health Committee	6,561	850	—	4	5,707	86.98
Fermanagh County Health Committee	578	—	—	1	577	99.83
Northern Ireland Hospitals Authority :						
Belfast City Hospital	220	2	—	2	216	98.18
Malone Place Hospital	579	—	—	—	579	100.00
Northern Ireland Fever Hospital	—	—	—	—	—	—
Royal Belfast Hospital for Sick Children	823	42	—	—	781	94.90
Royal Maternity Hospital	1,952	—	—	—	1,952	100.00
Northern Ireland Tuberculosis Authority	15,344	2,920	—	19	12,405	80.85
The Queen's University of Belfast	266	171	—	—	95	35.71
Others	10	2	—	—	8	80.00
TOTAL	39,083	6,414	—	28	32,641	83.52

TABLE XXXIX

Age distribution of persons vaccinated with BCG, persons not vaccinated and positive reactors during the year 1956

Age Groups (in years)	Number of candidates	Number of reactors	Number refusing vaccination	Number lost sight of	Number vaccinated	Percentage vaccinated
Under 1	10,819	10	—	13	10,796	99.79
1—	792	11	—	3	778	98.23
2—	826	25	—	—	801	96.97
3—	888	27	—	1	860	96.85
4—	948	52	—	1	895	94.41
5—	8,099	1,181	—	1	6,917	85.41
10—	13,216	3,228	—	5	9,983	75.54
15—	2,239	972	—	1	1,266	56.54
20—	597	375	—	2	220	36.85
25—	258	184	—	1	73	28.29
30—	116	94	—	—	22	18.97
35—	59	55	—	—	4	6.78
40—	69	62	—	—	7	10.14
45—	46	43	—	—	3	6.52
50—	40	40	—	—	—	—
55—	25	24	—	—	1	4.00
60—	17	15	—	—	2	11.76
65+	12	10	—	—	2	16.66
Not stated	17	6	—	—	11	—
TOTAL	39,083	6,414	—	28	32,641	83.52

TABLE XL

Total number of persons X-rayed by Mass Radiography (Static Unit) during the year 1956 analysed according to results of examination
(percentages in italics)

MALES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS							Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	4 0.17	3 0.13	— —	2 0.09	188 8.05	197 8.44	65 2.78	2,073 88.78	2,335 100.00	
15— %	22 0.36	12 0.20	3 0.05	4 0.07	325 5.40	366 6.08	204 3.39	5,447 90.53	6,017 100.00	
25— %	21 0.50	67 1.58	3 0.07	1 0.02	194 4.58	286 6.75	246 5.82	3,702 87.43	4,234 100.00	
35— %	18 0.55	77 2.35	1 0.03	— —	147 4.50	243 7.43	293 8.96	2,735 83.61	3,271 100.00	
45— %	25 0.83	99 3.28	1 0.03	— —	188 6.23	313 10.37	723 23.96	1,982 65.67	3,018 100.00	
60+ %	10 1.54	31 4.77	— —	— —	41 6.30	82 12.61	334 51.39	234 36.00	650 100.00	
Not stated	—	—	—	—	—	—	—	1	1	
TOTAL %	100 0.51	289 1.48	8 0.04	7 0.04	1,083 5.55	1,487 7.62	1,865 9.55	16,174 82.83	19,526 100.00	

NOTE:—An additional 197 male persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XL—Continued

FEMALES										
Age Groups (in years)	DIAGNOSIS									
	TUBERCULOSIS						Total	Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	5 0.27	2 0.11	— —	3 0.16	108 5.85	118 6.39	44 2.39	1,683 91.22	1,845 100.00	
15— %	40 0.42	28 0.30	1 0.01	4 0.04	410 4.34	483 5.11	330 3.49	8,636 91.40	9,449 100.00	
25— %	17 0.33	81 1.58	1 0.02	— —	235 4.57	334 6.50	242 4.71	4,562 88.79	5,138 100.00	
35— %	6 0.24	81 3.23	1 0.04	— —	148 5.90	236 9.41	279 11.12	1,993 79.47	2,508 100.00	
45— %	10 0.46	76 3.50	— —	— —	151 6.94	237 10.90	394 18.12	1,543 70.98	2,174 100.00	
60 + %	2 0.52	21 5.53	— —	— —	21 5.53	44 11.58	159 41.84	177 46.58	380 100.00	
Not stated	—	—	—	—	—	—	—	1	1	
TOTAL %	80 0.37	289 1.35	3 0.01	7 0.03	1,073 4.99	1,452 6.75	1,448 6.74	18,595 86.51	21,495 100.00	

NOTE:—An additional 155 female persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XL—Continued

BOTH SEXES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS							Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	9 0.22	5 0.12	— — —	5 0.12	296 7.08	315 7.54	109 2.61	3,756 89.85	4,180 100.00	
15— %	62 0.40	40 0.26	4 0.03	8 0.05	735 4.75	849 5.49	534 3.45	14,083 91.06	15,466 100.00	
25— %	38 0.41	148 1.58	4 0.04	1 0.01	429 4.58	620 6.62	488 5.20	8,264 88.18	9,372 100.00	
35— %	24 0.42	158 2.73	2 0.03	— —	295 5.11	479 8.29	572 9.90	4,728 81.81	5,779 100.00	
45— %	35 0.67	175 3.37	1 0.02	— —	339 6.53	550 10.59	1,117 21.52	3,525 67.89	5,192 100.00	
60+ %	12 1.16	52 5.05	— —	— —	62 6.02	126 12.23	493 47.87	411 39.90	1,030 100.00	
Not stated	—	—	—	—	—	—	—	2	2	
TOTAL %	180 0.44	578 1.41	11 0.03	14 0.03	2,156 5.25	2,939 7.16	3,313 8.08	34,769 84.76	41,021 100.00	

NOTE:—An additional 352 persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLI

Total number of persons X-rayed by Mass Radiography (Mobile Unit—No. 1) during the year 1956 analysed according to results of examination
(percentage in italics)

MALES										
Age Groups (in years)	DIAGNOSIS									
	TUBERCULOSIS							Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	— —	— —	— —	1 0.02	632 10.96	633 10.98	230 3.99	4,904 85.03	5,767 100.00	
15— %	4 0.07	12 0.23	— —	— —	447 8.33	463 8.63	277 5.16	4,625 86.21	5,365 100.00	
25— %	3 0.10	37 1.29	— —	— —	194 6.75	234 8.14	201 6.99	2,439 84.87	2,874 100.00	
35— %	1 0.05	30 1.35	— —	— —	171 7.72	202 9.12	218 9.84	1,795 81.04	2,215 100.00	
45— %	4 0.19	72 3.44	— —	— —	151 7.22	227 10.85	425 20.33	1,439 68.82	2,091 100.00	
60+ %	1 0.16	26 4.11	— —	— —	44 6.95	71 11.22	288 45.50	274 43.28	633 100.00	
Not stated	—	—	—	—	—	—	—	2	2	
TOTAL %	13 0.07	177 0.93	— —	1 0.01	1,639 8.65	1,830 9.66	1,639 8.65	15,478 81.69	18,947 100.00	

NOTE:—An additional 72 male persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLJ—Continued

FEMALES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS						Other Abnor- malities	Normal	Total	
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	3 0.05	2 0.03	— —	1 0.02	410 7.28	416 7.38	190 3.37	5,028 89.25	5,634 100.00	
15— %	11 0.22	13 0.26	1 0.02	2 0.04	326 6.47	353 7.01	234 4.64	4,451 88.35	5,038 100.00	
25— %	1 0.04	16 0.66	— —	— —	186 7.70	203 8.40	182 7.54	2,030 84.06	2,415 100.00	
35— %	— —	31 1.56	— —	— —	137 6.90	168 8.46	225 11.34	1,592 80.20	1,985 100.00	
45— %	1 0.05	47 2.44	— —	— —	141 7.33	189 9.82	369 19.18	1,366 71.00	1,924 100.00	
60+ %	— —	21 3.76	— —	— —	50 8.94	71 12.70	222 39.71	266 47.59	559 100.00	
Not stated	—	1	—	—	—	1	1	1	3	
TOTAL %	16 0.09	131 0.74	1 0.01	3 0.02	1,250 7.12	1,401 7.98	1,423 8.10	14,734 83.92	17,558 100.00	

NOTE:—An additional 50 female persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLI—Continued

BOTH SEXES											
DIAGNOSIS											Total
TUBERCULOSIS								Other Abnor- malities	Normal		
Age Groups (in years)	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total					
	Active	Inactive									
0— %	3 0.03	2 0.02	— —	2 0.02	1,042 9.13	1,049 9.20	420 3.68	9,932 87.12	11,401 100.00		
15— %	15 0.14	25 0.24	1 0.01	2 0.02	773 7.43	816 7.84	511 4.91	9,076 87.25	10,403 100.00		
25— %	4 0.08	53 1.00	— —	— —	380 7.18	437 8.26	383 7.24	4,469 84.50	5,289 100.00		
35— %	1 0.02	61 1.45	— —	— —	308 7.34	370 8.81	443 10.55	3,387 80.64	4,200 100.00		
45— %	5 0.12	119 2.97	— —	— —	292 7.27	416 10.36	794 19.78	2,805 69.86	4,015 100.00		
60+ %	1 0.08	47 3.94	— —	— —	94 7.89	142 11.91	510 42.79	540 45.30	1,192 100.00		
Not stated	—	1	—	—	—	1	1	3	5		
TOTAL %	29 0.08	308 0.84	1 —	4 0.01	2,889 7.92	3,231 8.85	3,062 8.39	30,212 82.76	36,505 100.00		

NOTE:—An additional 122 persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLII

Total number of persons X-rayed by Mass Radiography (Mobile Unit No. 2) during the year 1956 analysed according to results of examination
(percentage in italics)

MALES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS							Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	2 0.06	— —	1 0.03	6 0.16	284 7.51	293 8.06	86 2.36	3,258 89.58	3,637 100.00	
15— %	15 0.22	9 0.14	— —	2 0.03	414 6.17	440 6.56	198 2.95	6,069 90.49	6,707 100.00	
25— %	17 0.38	43 0.97	— —	— —	264 5.93	324 7.28	204 4.59	3,920 88.13	4,448 100.00	
35— %	9 0.26	41 1.18	— —	— —	231 6.62	281 8.06	261 7.48	2,946 84.46	3,488 100.00	
45— %	12 0.37	54 1.65	— —	— —	286 8.76	352 10.78	507 15.54	2,405 73.68	3,264 100.00	
60+ %	2 0.28	15 2.12	— —	— —	74 10.42	91 12.82	228 32.11	391 55.07	710 100.00	
Not stated	—	—	—	—	—	—	—	1	1	
TOTAL %	57 0.26	162 0.73	1 —	8 0.03	1,553 6.98	1,781 8.00	1,484 6.67	18,990 85.33	22,255 100.00	

NOTE:—An additional 33 male persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLII—Continued

FEMALES										
Age Groups (in years)	DIAGNOSIS									
	TUBERCULOSIS							Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	4 0.10	1 0.02	— —	3 0.07	305 7.31	313 7.50	91 2.18	3,771 90.32	4,175 100.00	
15— %	31 0.30	16 0.16	1 0.01	2 0.02	453 4.39	503 4.88	300 2.91	9,511 92.21	10,314 100.00	
25— %	8 0.20	35 0.87	— —	2 0.05	210 5.21	255 6.33	158 3.92	3,615 89.75	4,028 100.00	
35— %	4 0.15	36 1.39	— —	— —	182 7.01	222 8.55	187 7.20	2,188 84.25	2,597 100.00	
45— %	3 0.12	48 1.93	— —	— —	207 8.32	253 10.37	397 15.96	1,832 73.67	2,487 100.00	
60+ %	1 0.18	8 1.48	— —	— —	63 11.62	72 13.28	180 33.21	290 53.51	542 100.00	
Not stated	—	—	—	—	—	—	—	—	—	
TOTAL %	51 0.21	144 0.60	1 —	7 0.03	1,420 5.88	1,623 6.72	1,313 5.44	21,207 87.84	24,143 100.00	

NOTE:—An additional 28 female persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLII—Continued

BOTH SEXES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS							Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	6 0.08	1 0.01	1 0.01	9 0.12	589 7.54	606 7.76	177 2.27	7,029 89.97	7,812 100.00	
15— %	46 0.27	25 0.15	1 0.01	4 0.02	867 5.09	943 5.54	498 2.93	15,580 91.53	17,021 100.00	
25— %	25 0.30	78 0.92	— —	2 0.02	474 5.59	579 6.83	362 4.27	7,535 88.90	8,476 100.00	
35— %	13 0.21	77 1.27	— —	— —	413 6.79	503 8.27	448 7.36	5,134 84.37	6,085 100.00	
45— %	15 0.26	102 1.78	— —	— —	493 8.57	610 10.61	904 15.72	4,237 73.67	5,751 100.00	
60+ %	3 0.24	23 1.84	— —	— —	137 10.94	163 13.02	408 32.59	681 54.39	1,252 100.00	
Not stated	—	—	—	—	—	—	—	1	1	
TOTAL %	108 0.23	306 0.66	2 —	15 0.03	2,973 6.41	3,404 7.33	2,797 6.03	40,197 86.64	46,398 100.00	

NOTE:—An additional 61 persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLIII

Details of Laboratory Work carried out during the year 1956

CENTRAL LABORATORY, WHITE ABBEY HOSPITAL

Bacteriology		Biochemistry— <i>continued</i>	
Ear, Nose and Throat swabs	61	Fractional test meal	4
Ear swabs for T.B.	20	Occult blood	12
Sputum for T.B. direct examination	15,872	Urine	1,137
Sputum for T.B. culture	9,210	Milk phosphatase	272
Sputum for pyogenic organisms	353	C.S.F. protein	706
Sputum for asbestosis, fungi and spirilla, etc.	69	C.S.F. chloride	477
Sputum for cells	209	C.S.F. sugar	565
Laryngeal swabs for T.B. culture	76	Alkaline phosphatase	6
Bronchoscopy specimens for T.B. culture	30	Acid phosphatase	6
Fasting Gastric Residue for T.B. culture	4,304	Urine diatase	2
Blood culture	6	Blood diatase	2
Blood culture for transfusion blood	260	Blood seromycin	31
Faeces	11	Electrophoresis of blood proteins	60
Urine for T.B. direct examination	1,137	Haematology	
Urine for T.B. culture	1,147	Red cell count	195
Urine for pyogenic organisms	1,029	White cell count	617
Urine for cytology	1,137	Differential count	126
Pus for T.B. direct examination	231	Reticulocyte count	10
Pus for T.B. culture	231	Platelet count	8
Bone marrow culture and cells	77	Blood films (transfusion blood)	260
Glands for T.B. culture	18	Haemoglobin	618
Tonsils for T.B. culture	12	Fragility test	6
Uterine curettings for T.B. culture	60	Erythrocyte sedimentation rate	556
<i>Exudates (pleural, synovial, ascitic, etc.):</i>		Haematocrit estimation	8
T.B. direct examination	181	Prothrombin estimation	42
T.B. culture	193	Bleeding time	6
Cytology	186	Clotting time	6
Pyogenic organisms	187	ABO blood grouping	135
Antibiotic Sensitivity (other than anti-tuberculous drugs)	865	Rh typing	135
Cultures for typing of tubercle bacilli	604	Crossmatching	260
Cultures for Sterilizing Efficiency Tests (Operating Theatre, etc.)	216	Coombs' crossmatching	148
<i>Cerebro-Spinal Fluid:</i>		Congo red absorption.....	4
Cytology	706	Widal'	4
T.B. culture	650	Thymol turbidity tests	30
Pyogenic organisms	92	Paul Bunnell	4
Parasites (skin and intestinal)	16	Morbid Anatomy and Histology	
Animal inoculations	56	Autopsies	4
Food, bacteriological	3	Biopsies	9
Preparation of tuberculin, etc.	226	Examination of resected lung specimens	86
Biochemistry		Specific Anti-tuberculosis Therapy	
Blood calcium	5	<i>Cultures for sensitivity to Anti-tuberculosis Substances:</i>	
Blood Chloride	4	(Streptomycin, Para-amino-salicylic acid and derivatives, Isonicotinic acid hydrazide and derivatives, pyrazinamide, seromycin)	
Blood cholesterol	5	Sputum	} 11,284
Blood protein	60	Cerebro-spinal fluid	
Blood potassium	53	Gastric residue	
Blood sodium	59	Urine	
Blood sugar	210	Pus	
Blood urea	65	Exudates	
Blood bilirubin	32	Endometrium	
		Autopsy material	
		Resected surgical material	
		<i>Total number of investigations:—</i>	58,075

Other Items			
Drums sterilized	1,479	Sterile syringes issued	6,532
Sterile solutions prepared	1,894	Streptomycin prepared	856
Needles, apparatus, etc. repaired	6,346		
		Total	17,107

LABORATORY—LONDONDERRY CHEST HOSPITAL

Bacteriology		Biochemistry	
Sputum for T.B. direct examination	5,290	Urine chemical examination	262
Sputum for T.B. culture	1,042	Blood sugars	18
Fasting gastric residue for T.B. culture	210	Fractional test meal	6
Laryngeal swabs for T.B. culture	5		
Faeces for T.B. culture	1	Haematology	
Urine for T.B. direct examination	149	Erythrocyte sedimentation rate	3,153
Urine for T.B. culture	84	Haemoglobin	213
Urine for cytology	238	Red cell count	168
Pleural fluid for T.B. direct examination	64	White cell count	191
Pleural fluid for T.B. culture	20	Differential count	134
Pleural fluid for cytology	77	Blood films	38
Swabs for T.B. direct examination	10	Haematocrit estimation	3
Swabs for T.B. culture	10		
Pus for T.B. direct examination	16	Other Items	
Pus for T.B. culture	8	Needles, apparatus, etc. repaired	54
Cerebro-spinal fluid for T.B. direct examination	1	Sterile solutions prepared	36
Cerebro-spinal fluid for T.B. culture	1		
		<i>Total number of investigations:—</i>	<i>11,502</i>

LABORATORY—DUNGANNON CHEST HOSPITAL

Sputum for T.B. direct examination	1,640	Intravenous giving sets sterilised	40
A.P. needles sharpened	150	Surgical Drums sterilised	50

TABLE XLIV

Showing position regarding the X-ray examination of Teachers under the Teachers' Compulsory Absence and Special Sick Leave Regulations (Northern Ireland) 1954

Number of Teachers on register at 31/8/55	7,618
Number admitted to Scheme during the year:	
New Appointments	705
Re-appointments	18
	<hr/> 723
	<hr/> 8,341
Number removed from register during the year	499
Number remaining on register at 31/8/56	<hr/> 7,842
Analysis of those remaining on register at end of the year.	
Number examined:	
(a) Normal	7,126
(b) Active Pulmonary Tuberculosis	19
(c) Inactive Pulmonary Tuberculosis	360
(d) Observation	6
	<hr/> 7,511
Number who failed to attend during 1954/55 for whom further appointments are being arranged	39
Number who failed to attend for examination during 1955/56	174
Examinations pending at 31/8/56	108
Transfers and new appointments received prior to 31/8/56 for whom X-ray examination could not be arranged before that date	10
	<hr/> 7,842

NOTES:

- (1) The 360 inactive cases shown above include 12 which were classified as active in the previous year.
- (2) Of the 19 active cases of pulmonary tuberculosis shown on the return 6 were classified as such in the return for the previous year and 2 others previously known to the Authority were classified as inactive in the previous year.

In addition one case was notified as " active " during the year but the condition was regarded as " inactive " before the year end, and one case was notified as " active " during the year but transferred to England and was removed from the register before the year end. Including these two latter cases a total of 13 teachers were found to be suffering from active pulmonary disease who were not previously known to the Authority as tuberculous patients. This is equivalent to a rate of 1·7 per 1,000 examinations compared with 1·9 per 1,000 in the previous year.

TABLE XLV



Analysis of deaths from tuberculosis during year 1956

Age groups	Tuberculosis of Respiratory System		Tuberculosis of Meninges and Central Nervous System		Tuberculosis of Intestines, Peritoneum and Mesenteric Glands		Tuberculosis of Bones and Joints		Tuberculosis all other forms		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	1	—	—	—	—	—	—	—	1
1—	—	—	—	—	—	—	—	—	—	—	—	—
2—	—	—	—	—	—	—	—	—	—	—	—	—
3—	—	—	—	—	—	—	—	—	—	—	—	—
4—	—	—	1	—	—	—	—	—	1	—	—	—
5—	—	—	—	1	—	—	—	—	—	—	—	1
10—	—	—	—	—	—	—	—	—	—	—	—	—
15—	—	—	—	—	—	—	—	—	—	—	—	—
20—	—	1	—	—	—	—	—	—	—	—	—	—
25—	—	3	—	—	—	—	—	—	—	—	—	—
30—	6	7	—	—	—	—	1	—	—	2	1	5
35—	5	10	—	1	—	—	—	1	—	—	6	7
40—	2	—	—	—	—	—	—	—	—	—	5	12
45—	8	3	—	1	—	—	—	—	—	—	2	—
50—	7	11	—	—	—	—	—	1	—	—	9	4
55—	18	2	—	—	—	—	—	—	—	1	7	12
60—	14	2	—	—	—	—	—	—	—	1	18	3
65—	11	13	—	—	—	—	1	—	—	—	15	2
70—	7	5	—	—	—	—	1	—	—	—	13	13
75—	5	3	—	—	—	—	—	1	—	—	8	5
80—	3	—	—	—	—	—	—	—	—	—	5	4
85+	—	1	—	—	—	—	—	—	—	—	3	—
TOTAL	86	61	1	4	—	—	4	2	93	4	71	71





Figures kindly provided by the Registrar-General for Northern Ireland

KEY

- AREA BOUNDARIES
- - - COUNTY BOUNDARIES WHERE DIFFERING FROM AREA BOUNDARIES

-  CHEST CLINICS
-  CHEST HOSPITALS

AREAS

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